

818 STANDARD CERTIFICATE OF DEATH
1003

State File No.

FILED APR 23 1943

Registration District No.

Primary Registration District No.

Registrar's No. 3404

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, Lawton
(If outside city or town limits, write "RURAL")
(d) Street No. 2900
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Moore

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female Color or race Negro 5. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 62 hr. min.

9. Birthplace: Macon Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation: Nil

11. Industry or business: Tom Singleton

MOTHER FATHER

12. Name: Tom Singleton
13. Birthplace: Macon Georgia Georgia
(City, town, or county) (State or foreign country)

14. Maiden name: Adeline
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (g) Informant: Isaac Singleton
(b) Address: 2900 Lawton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 12 1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cem.

18. (a) Signature of funeral director: Russell Undt. Co.

(b) Address: 2732 Pine Street

19. (a) APR 12 1943 (Date received local registrar) J. F. Brudek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7,
year 1943 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 26,
1943 to April 7, 1943;
that I last saw her alive on April 7, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Hypertrophy (Autopsy)
Rt. Cerebral Hemorrhage (Autopsy)

Duration
Unk.
11 days

Due to.....
Due to.....

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place)
(e) Means of injury 0

23. Signature: Alvin Moore (M. D. or other)
Address: 201 Whittier Date signed: 4/9/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.