

FILED OCT 27 1943 **318**

Registration District No. **318** Primary Registration District No. **1003**

43

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home of P Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME SHIRLEY LEE MOORE

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

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Mar 27 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 6 14 hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Moore

13. Birthplace La
(City, town, or county) (State or foreign country)

14. Maiden name Ada Lee Certian

15. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Lee Moore

(b) Address 1417 W Sarah St

17. (a) Burial (b) Date thereof 10 16 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director W F Walter

(b) Address 2707 Standard

19. (c) OCT 15 1943 J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1417 W Sarah St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 43 hour 3:05 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death second degree burn 99% of body
body when clothes caught fire from
papers blowing from a furnace
Due to slip in the rear yard of
her home 1417 W Sarah St.
Due about 6:30 PM - at 21 1943

Surgeon _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 181

Of autopsy 12

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) Accident

(b) Date of occurrence Oct 21 1943

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place) (c) Means of injury fire

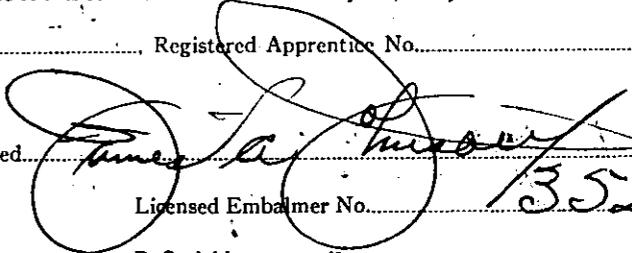
23. Signature Walter J. Budeck (M. D. or other) _____
Address _____ Date signed 10/15/43

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..... .....

Licensed Embalmer No..... 3522

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.