

FILED FEB 27 1944 18

Registration District No. _____

Primary Registration District No. _____

State File No. _____

Registrar's No. _____

451

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 mos. 8 days
(Specify whether
 In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4325 Aldine
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

James Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 26
(Month) (Day) (Year)

8. AGE: abt-66
Years Months Days If less than one day hr. min.

9. Birthplace Aberdeen Miss!
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John E. Moore

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

14. Maiden name Unknown

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

16. (a) Informant Shellie M. Murphy

(b) Address 923 N. Louisiana

17. (a) Burial (b) Date thereof 1-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director English 2nd Co.

(b) Address 2931 Lucas Ave.

19. (a) JAN 15 1944 (b) J. T. Bredell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9,
 year 1944 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from September
1, 1943, to January 9, 1944;
 that I last saw him alive on January 9, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of scalp
 Duration Unk.

Due to _____

Due to _____

Other conditions B
(Includes 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

23. Signature A. M. Jackson (M. D. or other) _____
 Address 2601 W. Whittier St. Date signed 1-11-44

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

X35697

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.....

Burleson English

Licensed Embalmer No. *4208*

P. O. Address.....

2931 Lucas Ave

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.