No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 742

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 511

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 921
(If outside city or town limits, write "RURAL")

(d) Street No. 1017a N. Compton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ophelia Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Col

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 2 (Day) 1886 (Year)

8. AGE: 57 Years Feb Months II Days ~~II~~ 9 If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Maid

11. Industry or business

FATHER
12. Name Ferdihan Godare
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Kate Harris
15. Birthplace New Orleans (City, town, or county) La 1 (State or foreign country)

16. (a) Informant Theora M. Lewis
(b) Address 1017north Coompton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Philip Toney
(b) Address 3129 Lucas Ave

19. (a) JAN 18 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11, year 1944 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from December 28, 1943, to January 11, 1944 that I last saw him alive on January 11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Gangrene of Left Foot	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

98.2

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. M. Jackson (M. D. or other)
Address 2601 N. Whittier Date signed 1/14/44

(Licensed Embalmer's Statement on Reverse Side)

511

511

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~~ Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Manning

Licensed Embalmer No. 3381

P. O. Address St. Louis

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

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