

FILED MAR 1 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1622

13

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
922-N-19 St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community about 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

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

(d) Street No. 922 N-19 St
(If rural, give location)

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

3. (a) PRINT FULL NAME LEE MOORE

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

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced, widow

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

8. AGE: Years Months Days If less than one day
abt-52 hr. min.

9. Birthplace Houston Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation mile

11. Industry or business.....

MOTHER FATHER { 12. Name Ben Moore

{ 13. Birthplace Houston Miss 1
(City, town, or county) (State or foreign country)

{ 14. Maiden name Harro not known

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

16. (x) Informant Wallace Moore

(b) Address 922 N 19 St

17. (a) Burial (b) Date thereof 2-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood

18. (a) Signature of funeral director G.D. Richardson

(b) Address 2425 Bluff

19. (a) EB 1 R (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Large Pulmonary
Primary

Due to..... 107

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.....

23. Signature Thomas F. Callahan (Date) 2/14/44
Address Deputy Coroner Date

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 *W. J. Richardson*
Licensed Embalmer No. 2928
P. O. Address 2625 Glasgow

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.