

Registration District No. **318**

Primary Registration District No. **1003**

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:
2929a Thomas Street
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 217
(d) Street No. 2929a Thomas St.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Alice Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female Color or Race Negro

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

6. (b) Name of husband or wife Lee Moore

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 10 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 18 hr. _____ min.

9. Birthplace Humbolt Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Moore

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

14. Maiden name Millie Moore

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

16. (a) Informant Alberta Hopkins

(b) Address 2929a Thomas St.

17. (a) Burial (b) Date thereof May 1, 1944
(Month) (Day) (Year)

(c) Place, burial or cremation Washington Park Cem.

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

(b) Address 2732 Pine Street

19. (a) APR 28 1944 (b) J.F. Beubek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 4-23- 1944 to 4-27- 1944
that I last saw her alive on 4-27- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy - Cerebral hemorrhage
Due to Hypertension
Due to arteriosclerosis - Senile

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

Major findings: _____
Of operations _____

Of autopsy _____

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) (a) Means of injury 3

23. Signature R.E. Long (M. D. or other)
Address 2746 1/2 Franklin Ave. Date signed 4-28-44

Duration

7

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Jack 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.