

No. 2
00M-5-43
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I X36671

State File No. _____

FILED JAN 15 1945 318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 11192

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:
DEPT. IN ROUTE TO HUNTER PHILLIPS HOSP
(If not in hospital or institution, write street number or location)

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

In this community 30 yrs 2
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 18a SOUTH 22nd
(If rural, give location)

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

3. (a) PRINT FULL NAME LILLIE MOORE

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1944 hour 11 minute 55 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.

4. Sex 3 FEMALE

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 8 (Month) 17 (Day) 1895 (Year)

Immediate cause of death:
Lobar Pneumonia

Due to _____

Due to _____

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

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

49 4 7 _____ hr. _____ min.

9. Birthplace: IUKA (City, town, or county) MISSISSIPPI (State or foreign country)

10. Usual occupation: MAID

11. Industry or business: DOMESTIC

12. Name: JOHN MOORE

13. Birthplace: IUKA (City, town, or county) MISSISSIPPI (State or foreign country)

14. Maiden name: JULIA BARNES

15. Birthplace: IUKA (City, town, or county) MISSISSIPPI (State or foreign country)

16. (a) Informant: John A. Moore (bro)

(b) Address: 4315 COTE BRILLIANTE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 12 29 44 (Month) (Day) (Year)

(c) Place: burial or cremation: IUKA MISSISSIPPI

18. (a) Signature of funeral director: Peoples UND. CO.

(b) Address: 3100 FRANKLIN AVE

19. (a) DEC 29 1944 (Date received local registrar) J. F. Brudeck (Registrar's signature)

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)

23. Signature: W. H. Perry (M. D. or other) 3

Address: _____ Date signed: 12/29/44

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

..... Licensed Embalmer No. 4684

..... P. O. Address.....

Louis, Mo.

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.