

FILED JAN 31 1945

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

754

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days 0
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Odis Moore Jr.
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 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. 12 10 44
(Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Odis Moore Sr. 1
13. Birthplace Holly Springs Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Prince Alice Gaines
15. Birthplace Haywood Ct. Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mary T. Duwell
(b) Address 2601 N. Whittier Street

17. (a) (b) Date thereof JAN 25 945
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson
(b) Address City Health Dept

19. (a) JAN 24 1945 J. F. Bredek
(Date received local registrar) (Registrar's signature)

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. 3035 Dickson
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 44 hour 12 minute 20 a. M.
21. I hereby certify that I attended the deceased from 12 - 10
....., 1944 to 12 - 19, 1944
that I last saw him alive on 12 - 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration
Due to Unknown
Due to Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings:
1 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? 945 (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 Williams S. Suttler (M. D. or other)
Address 2601 N. Whittier Street 1-19-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

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.