

FILED NOV 23 1945

Registration District No. 318

Primary Registration District No. 1002

9587

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not to hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 220 S. 4th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Moore

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased June 8 - 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Memphis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Owner

11. Industry or business

12. Name W. R. Moore

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

14. Maiden name Elizabeth McDouglas

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

16. (a) Informant Mrs Mabel Moore

(b) Address 220 S. 4th St.

17. (a) Cremation (b) Date thereof 11-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashalla Crematory

18. (a) Signature of funeral director James H. Goff

(b) Address 1111 Broadway Mo

19. (a) NOV 6 1945 (b) J. Z. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1945 hour 9 minute 55 A.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.

Immediate cause of death: Pulmonary Embolism
Fracture right shoulder
when he was struck by a
truck driver on a
bridge over a
river in front of 4989 National
Bridge Road around 11:20 P.M.
Oct 27 1945

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) Accident

(b) Date of occurrence Oct 27 1945

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street

While at work? _____ (Specify type of place)
(e) Means of injury as above

23. Signature Walter Perry (M. D. or other)

Address 1111 Broadway Date signed 11/5/45

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

57
00
17

175
25
9

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *Felix Hernandez*

Licensed Embalmer No. *3034*

P. O. Address..... *Kirkwood 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.