

**FILED** FEB 13 1946  
 318  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
 (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 **2 mos**  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME **Walter Moore**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. **NA**

4. Sex **MALE** 5. Color or race **NEGRO**  
 6. (a) Single, widowed, married, divorced **DIVORCED**  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **SEPT. 19 1899**  
 (Month) (Day) (Year)

8. AGE: Years **48** Months **4** Days **10**  
 If less than one day hr. min.

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

10. Usual occupation **LABORER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name **FIDDLE MOORE**  
 13. Birthplace **MISSISSIPPI**  
 14. Maiden name **MARIE L. THOMAS**  
 15. Birthplace **MISSISSIPPI**

16. (a) Informant **MARIE THOMAS**  
 (b) Address **1011A ELLIOTT**

17. (a) **BURIED** (b) Date thereof **FEB. 4 1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GREEN WOOD CEMETERY**

18. (a) Signature of funeral director **MOSE VASSER**  
 (b) Address **2812 Camp Ave**

19. (a) **FEB 1 1946** (b) Registrar's signature **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**  
 (d) Street No. **1011 Elliott**  
 (e) Citizen of foreign country? \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Jan.** day **29**  
 year **1946** hour **6** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **11-28** to **1-29**  
 that I last saw him alive on **1-29**  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Uremia 2. Bronchopneumonia**  
**Right Tuberculous Orchitis**

Due to **Lungs not involved**

Other conditions **Benign Hypertrophy of prostate**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **Yes**

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? \_\_\_\_\_  
 (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 **C. Newick** (M. D. or other) \_\_\_\_\_  
 Address **2601 N. Whittier** Date signed **1/31/46**

Duration  
**Unk**  
**Unk**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

2894 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

*Theodore J. Vandell*

Registered Apprentice No.

working under my personal supervision.

Signed

*Theodore J. Vandell*

Licensed Embalmer No.

*4243*

P. O. Address

*937 N. Elm Ave  
Webster Groves 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.