

Registration District No. **318** Primary Registration District No. **1003**

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3524 Laclede
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Moore
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30
year 1946 hour 4 minute 5 P M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if 2 Deceased
7. Birth date of deceased: March 15 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-15- 1946, to 3-30 1946,
that I last saw her alive on 3-30 1946,
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia with Cord Bladder
Duration Unk

8. AGE: Years 60 Months 0 Days 15
If less than one day _____ hr. _____ min.

Due to Severe Pott's Disease of Spine with Cord block at D 10 - D 12
Due to _____

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

Other conditions Severe anemia associated with hypotension
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Albert Stovall
13. Birthplace S. C.
(City, town, or county) (State or foreign country)
14. Maiden name Classy
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Eddie Moore, Son
(b) Address 3524 Laclede

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? _____

17. (a) Removal (b) Date thereof 4/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Ill
18. (a) Signature of funeral director W. H. Green
(b) Address 3577 Laclede Ave
19. (a) APR 2 1946 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature Dan Brown (M. D. or other)
Address 2601 N Whittier Date signed 4/1/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10371

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.....

Melvin Edward Green, Registered Apprentice No. *383*,
working under my personal supervision.

Signed

M. E. Green

Licensed Embalmer No. *1173*

P. O. Address *3517 S. Laclede av*

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.