S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

10374

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 30 1946

State File No. 11462

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2700

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community Abouy 28years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL") 20

(d) Street No. 2823 Cass 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nadene Moore

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Femalr 3

5. Color or race Colored 2

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 (Month) (Day) (Year)

8. AGE: Years About | Months 53 | Days | If less than one day hr. min.

9. Birthplace Tipton Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business

FATHER
12. Name
13. Birthplace Jefferson Moore 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Marggie Taggott
(b) Address 316 South Compton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 25 46 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A.L. Beal Und. Co.
(b) Address 2726 Lucas

19. (a) MAR 21 (b) 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18
year 1946 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 2-20- 1946 to 3-18 1946
that I last saw her alive on 3-18 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Luetic Heart Disease with Decompensation	Unk
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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

23. Signature O. L. Ayer (M. D. or other)
Address 2601 N Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence E Wolfson

Licensed Embalmer No. 4341

P. O. Address St Louis 13 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.