

S. No. 2
OM-543
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15027

State File No. _____

FILED MAY 2 1946
318

Primary Registration District No. 1003

Registrar's No. 3725

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 10 Hrs. 10 Mins.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad

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

(d) Street No. 3031 La Salle
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James 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 d

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 3 19 46
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>10</u> hr. <u>10</u> min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name James Moore Sr.

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

14. Maiden name Lena Flowers

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

16. (a) Informant Walter M. Howard Aka

(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof APR 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Y. B. Hudson

(b) Address City Health Dept

19. (a) APR 25 1946 J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 1946 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from 5:15 P. M.
3 - 19 1946 to 3:25 A.M. 3-20 1946

that I last saw him alive on 3 - 20, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Prematurity

Due to _____

Due to _____

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) _____

(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 10

23. Signature C. P. Hancock (M. D. or other) _____
Address 2601 N. Whittier Date signed 4-20-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

13367

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.