

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U.S. GOVERNMENT PRINTING OFFICE  
FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. **18723**  
Registrar's No. **4472**

Registration District No. **319** 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 **4 days**  
(Specify whether  
In this community **About 15 years**  
years, months or days)

3. (a) PRINT FULL NAME **Bernice Moore**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **352-16-6137**

4. Sex **Female** 5. Color or race **Colored**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Henry Moore**  
6. (c) Age of husband or wife if alive **32** years  
7. Birth date of deceased **Sept. 2, 1913**  
(Month) (Day) (Year)

8. AGE: Years **32** Months **8** Days **10**  
If less than one day hr. min.

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

10. Usual occupation **Pantry Girl**

11. Industry or business **Westwood Country Club**

12. Name **Jesse Beard**

13. Birthplace **Sommerville, Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emily Mitchell**

(b) Address **3900 N. Bellefontaine St. St. Louis, Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **5-18-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **East St. Louis, Ill.**

18. (a) Signature of funeral director **P. J. Stash**

(b) Address **3847 Page Blvd.**

19. (a) **MAY 18 1946** (Date received from registrar)

(b) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. **Lindover & Sutton - Maplewood**  
(If rural, give location)  
(e) Citizen of foreign country? **No**  
(Yes or No)  
If yes, name country **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** 12 day **12**  
year **1946** hour **8** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **May 8**, 19**46**, to **May 12**, 19**46**  
that I last saw her alive on **May 12**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia; Diabetic Acidosis**  
Duration **Unk.**

Due to **46**

Due to

Other conditions **Rect. Carcinoma of Rectum**  
(Include pregnancy within 3 months of death) **Unk.**

Major findings:  
Of operations

Of autopsy **No**

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?

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

23. Signature **C. J. Buehler** (M. D. or other)

Address **2601 N. Whittier** Date signed **5/15/46**

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2432

P. O. Address. 3847 Payne Blvd

**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.**