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FILED JUL 26 1946
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State File No. _____
Registrar's No. 6290

Registration District No. _____ 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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 26 yrs
years, months or days)

3. (a) PRINT FULL NAME Titus Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 2 5. Color or race col 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased Sept 7th 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 8 hr. min.

9. Birthplace Columbus Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name James Moore

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

14. Maiden name Salley Kirk

15. Birthplace Columbus Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Eugenia Moore

(b) Address 3968a Evans Ave

17. (a) burial (b) Date thereof 7-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3132 Abell Avenue

19. (a) JUL 16 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 1117
(d) Street No. 3948 Evans
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1946 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 12, 1946 to July 15, 1946

that I last saw him alive on July 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration Unk

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. B. Williams (M. D. or other) 0

Address 2601 N Whittier St Date signed 7-16-46

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

MOTHER FATHER

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 J. Watson
Licensed Embalmer No. 2698
P. O. Address 2769 Chouteau

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.

Registration District No. 218

Primary Registration District No. 1003

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:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Jitus moor
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eugene 6. (c) Age of husband or wife if alive 38
7. Birth date of deceased Sept 7 1928
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 1 (less than one day) hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) (Date received local registrar) (b) J. F. Br... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1946 hour 1 minute 15 M.
21. I hereby certify that I attended the deceased from 1946 to 1946, 19...
that I last saw him alive on 1946, 19...
and that death occurred on the date and hour stated above.
Immediate cause of death.....

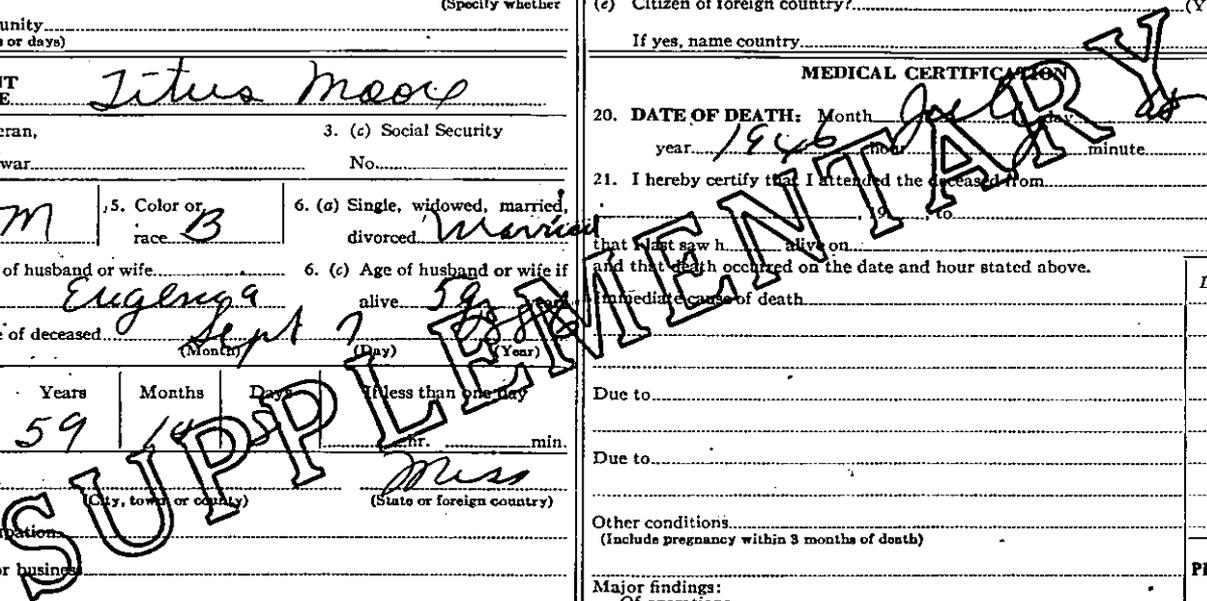
Due to.....
Due to.....
Other conditions..... (include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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

23. Signature..... (M. D. or other)
Address..... Date signed.....



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

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