No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19170

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5252

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 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 712 Carr St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rodger Moore
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 child
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 19 (Day) 1947 (Year)
8. AGE: Years — Months 4 Days 6 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name Freddie Moore
13. Birthplace Ark. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rosie Lee Green
15. Birthplace Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Rosie Lee Moore
(b) Address 712 Carr St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director G W Bruce
(b) Address 4464 Washington
19. (a) MAY 27 1947 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 25 year 1947 hour 11 minute 1 A.M.
21. I hereby certify that I attended the deceased from 5-19, 1947 to 5-25, 1947 that I last saw him alive on May 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxic Diarrhea	Undet.
Due to	
Due to	
Malnutrition	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN — Underline the cause of 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? Means of injury
23. Signature Theodore Blevins (M. D. or other)
Address 2601 N Whittier Date signed 5/27/47

Theodore Blevins

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed. G W Bruce [illegible]

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.