

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22986

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1484

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: Kosh, Mo
(c) Name of hospital or institution: Kosh Hospital
(d) Length of stay: 68 days
In this community: 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bond
(c) City or town: St. Louis
(d) Street No.: 2729 Newton
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: MOORE, ANDREW
3. (b) If veteran, name war: _____
3. (c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 53 year 47 hour 3 minute 10 A.M.
21. I hereby certify that I attended the deceased from 4-15-47 to 6-23-47 that I last saw him alive on 6-23-47 and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: Negro
6. (a) Single, widowed, married, divorced, single
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: 10 16 30 (Month) (Day) (Year)

Immediate cause of death: Chronic Pulmonary Tuberculosis 4 mos? Duration 13 mos
Due to: _____
Due to: _____

8. AGE: Years 10 Months 8 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace: Haiti, Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Student

11. Industry or business: _____

MOTHER FATHER { 12. Name: Galtian Moore
13. Birthplace: _____
14. Maiden name: Bertha Lewis
15. Birthplace: _____

16. (a) Informant: Hospital Records
(b) Address: Kosh Hosp. Kosh, Mo
17. (a) Burial (b) Date thereof: 6/30/47
(c) Place: burial or cremation: Washington Park Cem

Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

18. (a) Signature of funeral director: R.M.C. Green
(b) Address: 2517 Kableode St.
19. (a) 7-1-47 (b) _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature: John T. V. (M.D. or other) M.D.
Address: Kosh Hosp. Kosh, Mo Date signed: 6-23-47

(Licensed Embalmer's Statement on Reverse Side)

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

6
100

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.....

Edgar H. Green

....., Registered Apprentice No. *513*

working under my personal supervision.

Signed.....

Melvin E. Green

Licensed Embalmer No. *4428*

P. O. Address.....

St. Louis, 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.