S. No. 2
—1/47
5-17-39

132

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36089

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10213

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

1. PLACE OF DEATH:
(a) County ~~St~~ Louis
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to Homer Phillips Hospital 3
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4611 Enright Ave 9
(If rural give location)
(e) Citizen of foreign country? 12 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JEFF MOORE
3. (b) If veteran name war World War 2
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col,
6. (a) Single, widowed, married, divorced Seperated
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan, 7th, 1923
(Month) (Day) (Year)

8. AGE: Years 24 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Glendora Miss. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Landscape Gardner
11. Industry or business Self.

FATHER
12. Name Ike Moore
13. Birthplace ? Miss, 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Lee
15. Birthplace Hazelhurst Miss, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Moore
(b) Address 1202 N. 19th, St.
17. (a) Burial (b) Date thereof 11/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nat, Cem, Jeff, Barrks Mo.
18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St
19. (a) NOV 5 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
year 1947 hour 4:15 minute A.M.

21. I hereby certify that I attended the deceased from
, 19, to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Internal Hemorrhage following shotgun wound of right chest inflicted at the hands of
Due to John McGhee Col. in the home, 4611 Enright Avenue, around 1:00 A.M.
Due to November 2nd 1947
HOMICIDE

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

166

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) homicide
(b) Date of occurrence November 2 1947.
(c) Where did injury occur? StmeLouis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
While at work? no (e) Means of injury gunshot

23. Signature Patrick E. Day Jr. (M. D. or other) 3
Address Dy Jr Date signed 11/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 8 1947

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 Fulton H. Culkin

Licensed Embalmer No. 4198

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.