S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

43341
State File No.

FILED DEC 31 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11606

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo & 11 days (Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2811 Easton 9
(If rural, give location) 21 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Horace Moore
3. (b) If veteran, name war —
3. (c) Social Security No. 427-03-95-16

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 11 (Day) 1911 (Year)

8. AGE: Years 36 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Clarksdale (City, town, or county) Miss (State or foreign country) 7
10. Usual occupation Labor
11. Industry or business —
12. Name John Moore (Father) 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Emma Moore (Mother)
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Viola Lee 7
(b) Address 3958 Evans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Jackson Funeral Home
(b) Address 3649-A Delmar Blvd
19. (a) DEC 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1947 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov. 4, 1947 to Dec. 15, 1947; that I last saw him alive on Dec. 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embryonal Carcinoma of the Testes	Undet.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Carcinomatous Metastasis to the lungs, Pleura and Cervical Lymph Nodes	
Of autopsy	

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? (Specify) Means of injury 0

23. Signature Oslo L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 12/16/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Clark C. Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.