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 FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2870
Registrar's No. 1032

Registration District No. 318 Primary Registration District No. 100

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 7 days (Specify whether
In this community 20 years years, months or days)

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. 2751 Stoddard (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phoebe Moore
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 7 (Day) 1884 (Year)

8. AGE: Years 63 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Americus (City, town, or county) Georgia (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Alec Ford
13. Birthplace Americus (City, town, or county) Georgia (State or foreign country)
MOTHER
14. Maiden name Viney Clemons
15. Birthplace Americus (City, town, or county) Georgia (State or foreign country)
16. (a) Informant Clarence Ford
(b) Address 2731 Stoddard St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) Feb 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1948 hour 9 minute 20 A M.
21. I hereby certify that I attended the deceased from Jan. 23, 1948, to Jan. 27, 1948 that I last saw her alive on Jan. 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Probable Carcinoma of the Colon	Undet
Due to	
Due to	
Other conditions Myoma of Uterus with 2nd Degree Prolapse; Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (e) Means of injury
23. Signature Newton Jenkins (M. D. or other)
Address 2601 N Whittier Date signed 1/28/48

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 Fulton E Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 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.