S. No. 2
M—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14465 14565

FILED MAY 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4104

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

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: 1315a FRANKLIN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 32 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ave

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1315a Franklin Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. James Moore

3. (b) If veteran, name war

3. (c) Social Security No. 348-05-4549

4. Sex M2

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 3 (Month) 18 (Day) 1894 (Year)

8. AGE: Years 54 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Aberdeen (City, town, or county) Miss (State or foreign country)

10. Usual occupation Labor

11. Industry or business

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

MOTHER
14. Maiden name Rosie Sykes
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant Mrs Rosie Ward
(b) Address 2002 Cole St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park.

18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St

19. (a) APR 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 4 day 24
year 1948 hour 6.30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 27, 1947 to April 12, 1948
that I last saw him alive on 4-12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Xa Cadene Akell (M. D. or other)
Address 823 a N 16, St Louis Date signed 4-29-48

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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Av

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.