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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38461

FILED DEC 8 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10293

1. PLACE OF DEATH: 2930 Thomas St
(a) County
(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 2930 Thomas St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2930 Thomas
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Eddie Moore
3. (b) If veteran, name war 710
3. (c) Social Security No.

4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced 2 Widow
6. (b) Name of husband or wife Carrie Moore
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 11 (Month) 1 (Day) 1898 (Year)

8. AGE: Years 50 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Canton (City, town, or county) Miss (State or foreign country)
10. Usual occupation Labor
11. Industry or business ~~Wesley Moore~~
MOTHER FATHER
12. Name Wesley Moore
13. Birthplace (City, town, or county) Ala. (State or foreign country)
14. Maiden name Arena Preswood
15. Birthplace (City, town, or county) Ala (State or foreign country)
16. (a) Informant Mrs Neader Porter
(b) Address 2928 Dickson St
17. (a) Rail (Burial, cremation, or removal) (b) Date thereof 11-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Diner Ark
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) NOV 27 1948 (Date received local registrar) (b) J. B. Lawster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 23rd year 1948 hour 11:45 minute P.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 Coronary Occlusion	
Due to (Sclerosis)	
Due to Age	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 (M. D. or other)
Address Date signed 11-26-48

(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. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.