

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21837
State File No. 3022

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2189	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3006 Market St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Green b. (Middle) Moore c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) June 7 1950		
---	--	--	---	--	--

5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 6 - 1885	9. AGE (In years last birthday) 64	10. MONTH 7	11. DAY 1	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 MIN. Mins.
-------------	------------------------	--	--------------------------------	------------------------------------	-------------	-----------	---------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) janitor	10b. KIND OF BUSINESS OR INDUSTRY Church	11. BIRTHPLACE (State or foreign country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	-------------------------------------

13a. FATHER'S NAME Arthur Moore	13b. MOTHER'S MAIDEN NAME Senkerson	14. NAME OF HUSBAND OR WIFE Jimmie Moore
---------------------------------	-------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jimmie Moore	18. ADDRESS 3006 Market St.
---	-------------------------	--	-----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition, marked			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 15HX
--	--	---------------------------------

22. I hereby certify that I attended the deceased from 4-26, 1950, to 6-7, 1950, that I last saw the deceased alive on 6-7, 1950, and that death occurred at 2:50a m., from the causes and on the date stated above.

23. SIGNATURE Montague Lawrence (Degree of title) M. D. O.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 6-7-50
--	---------------------------------	-------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE 6-10-50	24c. NAME OF CEMETERY OR CREMATORY Washington Park St. Louis Mo.	24d. LOCATION (City, town, or county) (State)
--	-------------------	--	---

DATE REC'D BY LOCAL REG. JUN 7 1950	REGISTRAR'S SIGNATURE J B Luster	25. FUNERAL DIRECTOR'S SIGNATURE Atkins and Sons	ADDRESS 3644 Finney
-------------------------------------	----------------------------------	--	---------------------

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Louis V. Atkins

Signed.....
Student Embalmer

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.