

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

✓ 36250

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1022
City St. Louis, Mo. (No. City Hospital 2)

File No.....
Registered No. 10782
St. Ward)

2. FULL NAME

Stark Moore
(a) Residence, No. 1612 Morgan St. 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-6-1857
7. AGE YEARS 74 MONTHS 2 DAYS 14 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT A. Hernandez, Creators (ADDRESS) City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Co. DATE Oct 25th 1931

19. UNDERTAKER A. K. Beal, Lead Co (ADDRESS) 2726 Lueck Ave

20. FILED OCT 24 1931 is Mar 6 Stark off Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20, 1931
22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1931, to 10-20, 1931
I last saw h. alive on 10-20, 1931. Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

131
Chronic myocarditis 54 yrs
Other contributory causes of importance: 131
Chronic nephritis 54 yrs

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) A. W. Smith, M. D.
(Address) City Hospital 2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE FULLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

