

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

Do not use this space.

35865

NOV 15 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 1002
City St. Louis (No. Peoples Hospital)

File No. _____
Registered No. 9442
St. _____ Ward _____

2. FULL NAME

Mamie Moore
(a) Residence, No. 4027 Aldine St., 11 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred abt. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Moore

22. I HEREBY CERTIFY, That I attended deceased from 10-3-1937, to 10-7-1937
I last saw her alive on 10-7-1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3rd 1899

to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 38 0 7

Cardio-renal Disase Date of onset 1 month

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

Other contributory causes of importance: malignant Hypertension only

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Ala.

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

13. NAME Sid. Fletcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Ala.

15. MAIDEN NAME Virginia Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Ala.

17. INFORMANT John Moore (ADDRESS) 4027 Aldine

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville Ala. Oct 9th 1937

19. UNDERTAKER E. Young (ADDRESS) St. Louis

20. FILED 9 1937

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) C. M. Jones M. D.

(Address) 345 Wine Blvd

Registrar.

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.

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