

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

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 Do not use this space.

DEC'D OCT 1 1938

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Registered No. **8440**

1. PLACE OF DEATH
- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City St. Louis (d) Street No. Homer Phillips Hospital St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME David Moore
- (a) Residence, No. 1230 N 9th St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1872		
7. AGE	YEARS 66	MONTHS 7
	DAYS 9	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama		
FATHER	13. NAME Joseph Moore	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama	
MOTHER	15. MAIDEN NAME Harriett Jones	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama	

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK CEM. DATE 9.20.38
19. FUNERAL DIRECTOR (NAME) F. A. GREEN
 (ADDRESS) 2915 FRANKLIN AVE
20. FILED SEP 28 1938
J. Brebeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 8, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **August 31, 1938**, to **Sept. 8, 1938**
 I last saw him alive on **Sept. 8, 1938** Death is said to have occurred on the date stated above, at **6:33a.m.**
 The principal cause of death and related causes of importance, were as follows:
Hypertensive heart disease Date of onset **8/31/38**
Cerebral accident

Other contributory causes of importance:
Cerebral accident

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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) H. J. Luman, M. D.
 (Address) 2601 N Whittier

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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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

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.