DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20248

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5196

1. PLACE OF DEATH:

(a) County: /

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 0

(c) City or town: St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No.: 1111a N. 17th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: GEORGIA MOORE (600)

3. (b) If veteran, name war: ------

3. (c) Social Security No.: ----

4. Sex: Female

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: James Moore

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: April 1, 1891 (Month) (Day) (Year)

8. AGE: Years 49 | Months 2 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: Unavailable (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: /

FATHER
12. Name: David S. Griggs
13. Birthplace: Unavailable (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Caroline Lumkins
15. Birthplace: Unavailable (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant's own signature: Bertha Stewart

(b) Address: 1001a Selby Place

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof: 6/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cem.

18. (a) Signature of funeral director: Charles J. Bates

(b) Address: 4107 Finney Avenue

19. (a) JUN 14 1940 (Date received by registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11 year 1940 hour 4:[illegible] minute 25 P. M.

21. I hereby certify that I attended the deceased from 5-31- 1940 to 6-11- 1940; that I last saw her alive on 6-11- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Colon	Unknown
Due to: Bronchopneumonia	5 days
Due to:	
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: J. B. Martin (M. D. or other)

Address: 2601 N. Whittier Date signed: 6-12-1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 James A. Johnson, Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.