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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30426

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7703

FILED OCT 25 1940

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:
Intersection Vandeventer & St. Louis Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3913 A Lincoln Ave. 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Givens Lane Moore
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Moore
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased April 24, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	4	18	hr. min.

9. Birthplace Austin, Texas (City, town, or county) (State or foreign country)
10. Usual occupation Watchman
11. Industry or business New Federal Building
MOTHER FATHER
12. Name Thomas Moore
13. Birthplace Texas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Labry
15. Birthplace Texas (City, town, or county) (State or foreign country)
16. (a) Informant Elsie M. Moore
(b) Address 3913 A Lincoln Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept.16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.Belleville, Ill.
18. (a) Signature of funeral director Wm. H. Paschedag
(b) Address 2825 N. Grand Blvd.
19. (a) SEP 14 1940 (Date received local registrar) J. P. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th year 1940 hour 2 minute 15P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Skull; suffered when struck by and run over by a Public Service Bus at Vandeventer & St. Louis Avenues, about 2:18 P.M. Sept 12th, 1940. Bus operated by one Elven Kilmer

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident
(b) Date of occurrence Sept. 12, 1940
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? (e) Means of injury 5
Signature Joseph M. Lucas (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. J. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.