

NOV 16 1940  
Registration District No. **701**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4421 Maffitt Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **About 2 years** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Merele Moore**

8. (b) If veteran, name war **No** 3. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Not Known**  
(Month) (Day) (Year)

8. AGE: Years **About 58** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Hot Springs Ark.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Blind**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Sam Moore**  
18. Birthplace **Hot Springs Ark.**  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Not Known**  
15. Birthplace **Hot Springs Ark.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lula Jones**

(b) Address **4421 Maffitt Ave.**

17. (a) **Burial** (b) Date thereof **Oct 7th 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **H. L. Beal Und Co.**

(b) Address **361 27th Ave.**

19. (a) \_\_\_\_\_ (b) **J. F. Buddeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL") **11**  
(d) Street No. **4421 Maffitt Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4**  
year **1940** hour **10** minute **am**

21. I hereby certify that I attended the deceased from **Oct 4**  
**2** 19**40** to **Oct 4** 19**40**  
that I last saw him alive on **Oct 4** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**  
**due to**  
**Cor. Nephritis**  
**Set of Blood**  
Duration \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **None**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN **[Signature]**  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other)  
Address **809 7th** Date signed \_\_\_\_\_

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.

---

**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 *Budie Beal Anderson*

Licensed Embalmer No. *2929*

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.**