

Registration District No. **791**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. **8761**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Fannie Lane Moore

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced, separated  
6. (b) Name of husband or wife John Moore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 9 16 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Beelieu Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 9

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Evelyn Temple  
15. Birthplace Unknown Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Jackson  
(b) Address 4235 Page Blvd

17. (a) Buried (b) Date thereof 10-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director English Und Co.  
(b) Address 2931 Levee, Ave

19. (a) OCT 24 1940 (b) \_\_\_\_\_  
(Date certified by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4235 Page Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22  
year 1940 hour 11 minute 30am.

21. I hereby certify that I attended the deceased from March  
1, 1940 to October 22, 1940  
that I last saw her alive on 10-22- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to Hypertension malignant

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) \_\_\_\_\_  
(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 Le Roy Apple (M. D. or other) \_\_\_\_\_  
Address 1003 Page Date signed 10-23-40

**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 Louis V Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Family

**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.**