

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. State File No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer Phillips Hospital
(d) Length of stay: In hospital or institution 18 days
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) County 000
(c) City or town St. Louis, 21/17
(d) Street No. 2330 1/2 Cole St.
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Maudell Moore
(b) If veteran, name war none
(c) Social Security No. ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13, year 1942 hour 6 minute 40 P.M.

4. Sex Female
5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased: Sept 25 1890

21. I hereby certify that I attended the deceased from June 25, 1942 to July 13, 1942; that I last saw her alive on July 13, 1942 and that death occurred on the date and hour stated above.
Duration Unknown
Immediate cause of death: Hypertension with Cerebral Hemorrhage (Old & Recent)

8. AGE: Years 51 Months 9 Days 18 If less than one day hr min

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Watervalley, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Domestic duties

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business House-keeping
12. Name Isaac Green
13. Birthplace Bingham, Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Synthia Smith
15. Birthplace Millington, Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address 2330 1/2 Cole Street, St. Louis
17. (a) Burial (b) Date thereof 7-17-42
(c) Place: burial or cremation Greenwood Cemetery

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director
(b) Address 2812 Thomas St, St. Louis, Mo
19. (a) JUL 16 1942 J. F. Budeck (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
23. Signature J. C. Smith (M. D. or other)
Address 2601 N. Shattuck Date signed 7/16/42

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

DATE OF EMBALMING

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.....

my self

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

[Handwritten Signature]

..... Licensed Embalmer No.....

P. O. Address *2812 Thompson St*

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, fact should be so stated above.