

S. No. 2
DM-5-42
7-5-17-39
BY K...

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23291
Registrar's No. 6417

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1911 Carr St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Florence Collins Moore

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased Aug. 29, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 10 12 hr. min.

9. Birthplace Marvel Ark. /
(City, town, or county) (State or foreign country)

10. Usual occupation Nile

11. Industry or business ?

MOTHER FATHER { 12. Name Unknown ?

13. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

14. Maiden name Emiley Crafton

15. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Davis

(b) Address 1911 Carr St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 15, 43
(Month) (Day) (Year)

(c) burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) JUL 15 1943 (Date received local registrar)

(b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 1911 Carr Street
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1943 hour 11:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 5, 1943 to July 11, 1943
that I last saw her alive on July 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Myocarditis

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations 92

Of autopsy 92

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

23. Signature Blain W. Carler (M. D. or other) M.D.
Address 2425 Biddle St. Date signed 7/12/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.