

ED SEP 3 1943 314

Registration District No. Primary Registration District No. 1023

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:
2832 Delmar Blvd
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **About 35 years** (Specify whether
 In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... **009 17 9**
 (c) City or town..... **St. Louis, Mo.** (If outside city or town limits, write "RURAL")
 (d) Street No. **2832 Delmar Blvd** (If rural, give location)
 (e) Citizen of foreign country?..... **0** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Jannie Moore**
 3. (b) If veteran, **No** name war..... 3. (c) Social Security No. **No**

4. **Female** 5. Color or race **3 Colored** 6. (a) Single, widowed, married, divorced **2 Widowed**
 6. (b) Name of husband or wife..... **George Moore** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **Not known**
(Month) (Day) (Year)

8. AGE: Years **About 35** Months Days If less than one day
 hr. min.

9. Birthplace..... **Vicksburg, Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housekeeper**

11. Industry or business..... **Henry Clay, Inc**
 12. Name..... **Vicksburg, Miss.**
 13. Birthplace.....
 14. Maiden name..... **Frisvillia Tyler**
 15. Birthplace..... **Vicksburg, Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **2832 Delmar Blvd**
 (b) Address..... **Aug 22, 1943**

17. (a) **Shipped** (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Vicksburg, Miss.**

18. (a) Signature of funeral director..... **A. L. Beal Und Co.**
 (b) Address..... **2726 Lucas Ave.**

19. (a) **AUG 20 1943** (b) **J F Prudest**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **18**
 year **43** hour **10** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Aug 1 - 1943** to **Aug 19, 1943**
 that I last saw him alive on **Aug - 18**, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Valvular Heart Disease**
 Due to..... **Chronic Fatigue**

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

Major findings:
 Of operations.....
 Of autopsy.....

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..... **Danuel Staffin** M. D. or other.....
 Address..... **925 N. Jefferson** Date signed..... **9/21**

Duration **6 mo**
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219th E Garfield

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.