

LEU NOV 29 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County... St. Louis, Mo.  
(b) City or town...  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(d) Length of stay: In hospital or institution... 2 mos. 7 days  
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County...  
(c) City or town... St. Louis, 911  
(d) Street No... 4055a St. Ferdinand  
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME... Aaron Moore

3. (b) If veteran, name war... 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race COLORED 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... JAN. 25 1887

8. AGE: Years 56 Months 10 9 Days 19 If less than one day

9. Birthplace... VIRGINIA

10. Usual occupation... LABOR

11. Industry or business... LABOR. FARMER.

MOTHER FATHER

12. Name... HENRY MOORE

13. Birthplace... VIRGINIA

14. Maiden name... EMILY

15. Birthplace... VIRGINIA

16. (a) Informant... PHILLIP MOORE

(b) Address... 4055 E ST. FERDINAND.

17. (a) BURIAL (b) Date thereof... Nov. 17, 1943

(c) Place: burial or cremation... WASHINGTON PARK.

18. (a) Signature of funeral director... BOYD BROS.

(b) Address... 3704 FINNEY AVE.

19. (a) NOV 16 1943 (b) J. J. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13, year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from September 6, 1943 to November 13, 1943 that I last saw him alive on November 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral Arteriosclerosis Duration Unk.

Due to... 17

Due to... 17

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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... J. J. Breda (M. D. or other) Address... Date signed 11/15/43

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

MAY 19 1944

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. Atkinson

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.