

FILED DEC 9 1943 18

1003

Registrar's No.

10198

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 20 days
(Specify whether
 In this community..... 60 years
years, months or days)

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

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or Race Colored 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased..... March 16, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	8	0	hr. min.

9. Birthplace..... West Indies
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name..... Henry Moore
 13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name..... Angeline Mitchell
 15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Shirley M. Smith
 (b) Address..... 2601 N. Whittier

17. (a) Chapel of Rest (b) Date thereof..... 11-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Chapel of Rest

18. (a) Signature of funeral director..... [Signature]
 (b) Address..... 3086 Rutledge

19. (a) NOV 30 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 088 17
 (c) City or town..... St. Louis, 9
(If outside city or town limits, write "RURAL") 11
 (d) Street No..... 4243 W. Belle
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... November day..... 16,
 year..... 1943 hour..... 11 minute..... 45 A. M.

21. I hereby certify that I attended the deceased from..... October
26, 1943 to..... November 16, 1943;

that I last saw him/her alive on..... November 16, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Chr. Indolent Ulcers of left leg Duration 20yrs.

Due to.....

Due to..... 15312

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..... [Signature] (M. D. or other)
 Address..... 2601 Whittier Date signed..... 11/18/43

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.