

FILED JAN 12 1944

318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 12027 ✓

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2943 Easton Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Willie Moore

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Modell Moore 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased February 14 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Greenwood Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

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

16. (a) Informant Modell Moore

(b) Address 2943 Easton Ave

17. (a) Burial (b) Date thereof 1 5 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. F. Brudeck

(b) Address 2726 L. Grace Ave.

19. (a) DEC 31 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 99
(d) Street No. 2943 Easton Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from December 30, 1943, to Dec. 30, 1943
that I last saw him alive on Dec. 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Phx

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations NO Of autopsy NO
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) NO
(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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. T. Edwards (M.D. or other) _____
Address 1936 Franklin Date signed 1-4-1944

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 Arthur L. Heilliard

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.