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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5512

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1354

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, Missouri 9 11 (If outside city or town limits, write "RURAL")

(d) Street No. 1046 N. Sarah (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Almeda Moore

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race COLORED 3

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased OCT. (Month) 31 (Day) 1904 (Year)

8. AGE: Years 39 Months 3 Days 11 If less than one day hr. min.

9. Birthplace JACKSON TENNESSEE (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name IDA HOPPER

13. Birthplace TENNESSE (City, town, or county) (State or foreign country)

14. Maiden name HENRY HOPPER

15. Birthplace TENNESEE (City, town, or county) (State or foreign country)

16. (a) Informant Veola Kemble

(b) Address 4124½ Enright

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 14 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address 3704 Finney ave

19. (a) FEB 11 1944 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 9, year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 7, 1944 to February 9, 1944 that I last saw her alive on February 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis (etiology unknown)	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

129

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? (Specify type of place)

While at work (e) Means of injury

23. Signature A. M. Jackson (M. D. or other)

Address 2601 W Pattison Date signed 2/10/44

(Licensed Embalmer's Statement on Reverse Side)

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.

Emb cert filed sep

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.