

FILED SEP 8 1944

Registration District No. **213**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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 Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 29 days
 (Specify whether
 In this community 35 years
 years, months or days)

3. (a) PRINT FULL NAME Marvin Moore

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Feb 26th 1897
 (Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 2 If less than one day hr. _____ min. _____

9. Birthplace unk (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business _____
 12. Name Dock Moore
 13. Birthplace unk (City, town, or county) Miss 1 (State or foreign country)
 14. Maiden name Katie Miller
 15. Birthplace unk (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Lula Moore

(b) Address 3043 Pine Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-44
 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. Rankin & Son

(b) Address 3133 Bell Ave

19. (a) **SEP 1 1944** (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
 (c) City or town St. Louis, 721
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2918 Pine (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28, year 1944 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 29, 1944, to August 28, 1944;
 that I last saw him alive on August 28, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration Terminal

Due to Chr. Interstitial Nephritis Unk.

Due to _____
 Other conditions (include pregnancy within 3 months of death) 131a

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 W. J. Egan (M. D. or other) 3/30/44
 Address 2601 W. Bell St. Date signed _____

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.....

J. J. Watson

Licensed Embalmer No.....

2698

P. O. Address.....

2769 Chouteau

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.