

No. 2
12-45
-17-39
X47070

FILED MAR 3 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1715**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(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 3 days (Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2/17
(d) Street No. 2706 Thomas St (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Gussie Moore

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

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Estella Meadows
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased MARCH 17 1906
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 20
If less than one day hr. min.

9. Birthplace Shelby Co. Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Martin Bush

13. Birthplace Unknown Tenson Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Hannie
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant HARRY B. MOORE

(b) Address 2706 A THOMAS ST

17. (a) BURIAL (b) Date thereof 2-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD.

18. (a) Signature of funeral director ELLIS FUNERAL HOME

(b) Address 2820 STODDARD ST

19. (a) FEB 19 1947 (b) J. T. Wreack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1947 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from 2-10 1947, to 2-13 1947;
that I last saw h. er alive on 2-13-47, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction due to Duration Undet.

Due to Strangulated Umbilical Hernia

Due to _____

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: 1/22
Of operations _____

Of autopsy No

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 0

23. Signature E. B. Williams (M. D. or other) _____

Address 2601 N Whittier St Date signed 2/13/47

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

MOTHER FATHER

MAR 25 1947

1715

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 L. Boyer
....., Registered Apprentice No. Boy
working under my personal supervision.

Signed

Lonnie Boyer

Licensed Embalmer No.

2946

P. O. Address

St Louis Mo

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.