

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County _____
(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 20 days (Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Bliss Moore
3. (b) If veteran, name war _____ 3. (c) Social Security No. 333 -03 - 5160

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Moore 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 7 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 0 15 hr. min.

9. Birthplace Huntsville Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Chainer

11. Industry or business Granite City Steel Co.

12. Name George Moore

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Lucy ? 9
(City, town, or county) (State or foreign country)

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Moore

(b) Address 4237 W Page Blvd.

17. (a) Burial (b) Date thereof 3/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) MAR 27 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4237 W Page 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1948 hour 3 minute 15 a.m.

21. I hereby certify that I attended the deceased from
March 2, 1948, to March 22, 1948
that I last saw him alive on March 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Undet.

Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) _____
(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 Chas F Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 3/22/48

me

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 *Gulston E. Cullkin*

Licensed Embalmer No. *4198*

P. O. Address *Harris 13 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.