

S. No. 300
M-10-47
5-17-39
I 3905

FILED MAY 20 1948

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Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips 0
(If not in hospital or institution, write street number or location)

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

In this community 2 days
years, months or days

3. (a) PRINT FULL NAME Phillip Moore

3. (b) If veteran, name war No

3. (c) Social Security No. 770

4. Sex Male 2

5. Color or race Am. Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Juanita Moore

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 28 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 10 20 hr. min.

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

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name Unk 9

13. Birthplace Unk 1
(City, town, or county) (State or foreign country)

14. Maiden name Unk 4

15. Birthplace Unk 4
(City, town, or county) (State or foreign country)

16. (a) Informant Juanita Moore

(b) Address 3500a Clark Ave.

17. (a) 5/20/48 Burial (b) Date thereof 5-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

(b) Address 3517 Laclede Ave.

19. (a) MAY 12 1948 (b) J. F. Bradack
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3500 Clark Ave.
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1948 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Broncho Pneumonia
W.M.A.

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

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PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 Alfred J. Perry (M. D. or other) 3

Address 2112 N. 1st St. St. Louis Date signed 5/12/48

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 *[Handwritten Signature]*

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.