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FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14815

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3603**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 11 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
3. NAME OF DECEASED (Type or Print) Robert		f. STREET ADDRESS (If rural, give location) 4357 N. Market Street	
a. (First)	b. (Middle)	c. (Last) Moore	
4. DATE OF DEATH (Month) (Day) (Year) 4/18/50		5. SEX Male	
6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/3/25	9. AGE (In years last birthday) 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Vet. Adm.	11. BIRTHPLACE (State or foreign country) Tunica, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Elijah Moore	
13b. MOTHER'S MAIDEN NAME Hattie B. Wallace		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW 11		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Hattie B. Jones		ADDRESS 4357 N. Market St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull and brain, self inflicted ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <u>starvation</u>, 4369 N. Market St around 1:55 pm Apr 17, 1950. DUE TO (c) 17, 1950. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suicide	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 17 50 8:35 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 6976X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:42 A.M. , from the causes and on the date stated above.	
23. SIGNATURE Joseph M. ...		23b. ADDRESS 1300 Clark Street	
23c. DATE SIGNED 4/18/50		24. NAME OF CEMETERY OR CREMATORY Tunica, Mississippi	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/21/50	
24c. LOCATION (City, town, or county) (State) Tunica, Mississippi		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates	
25. FUNERAL DIRECTOR'S ADDRESS 4107 Finney Avenue		DATE REC'D BY LOCAL REG. APR 20 1950	
REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates	

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

APR 6 1974

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.