

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30610

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
 (b) Township
 (c) City St. Louis
 (e) Length of residence in city or town where death occurred

Registration District No. 1008

Primary Registration District No.

Registered No. 8047

(d) Street No. MO. PAC. HOSPITAL
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mo. Pac. Hosp 4934 Palm St St. 6
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olive Moon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 -- 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Engineer Mo. Pac. R. R.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME T. C. Moon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Olive Moon
(ADDRESS) 4934 Palm St18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE September 14 193819. FUNERAL DIRECTOR Petz Brothers
(ADDRESS) 3029 Lafayette Ave20. FILED SEP 12 1938 J. P. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Sept 11, 1938
 I last saw him alive on 9-11-1938 Death is said to have occurred on the date stated above, at 1:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Recto-sigmoid carcinoma Date of onset

Other contributory causes of importance:
Cardiac hypertrophy

Name of operation C. colostomy Date of 5-26-38What test confirmed diagnosis? Biopsy Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Skaller M. D.(Address) Mo. Pac. Hosp., St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Owens, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed:

Frank J. Owens

Licensed Embalmer No. 2245

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.)