

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16122

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 84

362

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) Washington | | c. CITY (If outside corporate limits, write RURAL and give township) Washington 0362 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST Francis | | d. STREET ADDRESS (If rural, give location) 605 West Second Street 0 | |

| | | | |
|--|------------------|----------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Edna | b. (Middle) Moon | c. (Last) Moon | 4. DATE OF DEATH (Month) (Day) (Year) May 21 1951 |
|--|------------------|----------------|--|

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|--|---|--|--|--|--|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0 | 8. DATE OF BIRTH May 11, 1900 | 9. AGE (In years last birthday) Months Days 51 - 11 | IF UNDER 15 YEARS OF AGE Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | 10b. KIND OF BUSINESS OR INDUSTRY Not employed | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |

| | | |
|--------------------------------------|---|-------------------------------------|
| 13a. FATHER'S NAME George W. Moon | 13b. MOTHER'S MAIDEN NAME Sophia Knoebel | 14. NAME OF HUSBAND OR WIFE None |
|--------------------------------------|---|-------------------------------------|

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|---|-------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | 16. SOCIAL SECURITY NO. XX | 17. INFORMANT'S SIGNATURE OR NAME Walter I. Moon, 1422 Big Bend Rd. | ADDRESS |
|---|-------------------------------|--|---------|

| | | | |
|---|---|--|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 18 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> | | 24yo. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>acute debility</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i> | | | |

| | | |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|--|--|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 5-10, 1951, to 5/21/51, 1951, that I last saw the deceased alive on 5/21/51, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

| | | | |
|---|----------------------------|---------------------------------|-----------------------------|
| 23a. SIGNATURE <i>Walter I. Moon</i> | (Degree or title) M. D. | 23b. ADDRESS Washington, Mo. | 23c. DATE SIGNED 5/22/51 |
|---|----------------------------|---------------------------------|-----------------------------|

| | | | |
|---|----------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5/24/51 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
|---|----------------------|---|---|

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|--|---|--|--------------------|
| DATE REC'D BY LOCAL REG. May 24, 1951 | REGISTRAR'S SIGNATURE <i>John H. ...</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc. 6633 Clay- | ADDRESS ton Rd. |
|--|---|--|--------------------|

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 4 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 1994

P. O. Address 633 Clayton Rd. St. Lo

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.