MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25813

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7421

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME 6388 Helen Moon

(a) Residence. No. 4125 Harris St., 10 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 – 1915

7. AGE: Years 11 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School girl 1 A
(b) General nature of industry, business, or establishment in which employed (or employer): 1 29
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS

10. NAME OF FATHER: Perry Moon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.
12. MAIDEN NAME OF MOTHER: Sarah Lorker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Hospital Informant
(Address): E Rowan City Hospital

15. FILED AUG 18 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Aug 16, 1927 that I last saw her alive on Aug 16, 1927, and that death occurred, on the date stated above, at 10 23 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute ruptured Gangrenous appendicitis — with general (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Purulent Peritonitis — (duration) ..... yrs. ..... mos. ..... ds.

117A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

8/16, 1927 (Signed) Reuben M Smith M. D
(Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: Aug 19 1927

20. UNDERTAKER: Wm J Robert
ADDRESS: 1905 S Grand Blvd

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.

Moon