

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

20083
Do not use this space.

1. **PLACE OF DEATH** 1938
 (a) County ST. LOUIS Registration District No. 791
 (b) Township ST. LOUIS Primary Registration District No. 1003
 (c) City ST. LOUIS (d) Street No. ST. ANTHONY, HOSP. Registered No. 5222
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. **PRINT FULL NAME** BABY MOON
 (a) Residence, No. 3170 So. Compton St. 16 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 7 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 27

OCCUPATION 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. NONE
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

FATHER 13. NAME ELMER MOON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON, CO MO

MOTHER 15. MAIDEN NAME EUGENIA THURMAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON, CO MO

17. INFORMANT ELMER MOON
 (ADDRESS) 3170 So. Compton

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. TRINITY CEM. DATE JUNE 8 1938

19. FUNERAL DIRECTOR, (NAME) JOS. P. FENDLER, JR.
 (ADDRESS) 7128 MICHIGAN AVE.

20. FILED JUN 8 1938 J. P. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on 6-7, 1938 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Premature Delivery
6 months gestation
 Date of onset 6/7/38

Other contributory causes of importance: 159

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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 During Benjamin I. M. D.
 (Signed) _____ (Address) 7408 Michigan

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.

Not Embalmed
CF

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

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.