

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 003
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4163 MAGNOLIA AV.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME IRA. C. MONEY

3. (b) If veteran, name war SPANISH WORLD 3. (c) Social Security No. 48618-1628

4. Sex MALE 5. Color or Race WHITE 6. (a) SINGLE divorced MARRIED

6. (b) Name of husband or wife ADELINE MONEY 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased FEBRUARY 16 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 10 ..hr. min.

9. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation ADJUSTER

11. Industry or business

MOTHER FATHER { 12. Name JOHN MONEY
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name LUCY UNKNOWN
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adeline Money

(b) Address 4163 Magnolia Av

17. (a) BURIAL (b) Date thereof JAN 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATL CEM JEFFERSON PARK

18. (a) Signature of funeral director E. J. Schurz

(b) Address 3125 Lafayette Ave

19. (a) JAN 28 1943 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1943 hour 2 minute p.M.

21. I hereby certify that I attended the deceased from January 13th 1943 to January 26 1943
that I last saw him alive on January 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocardial Infarction 13 days
Due to Arterio-sclerotic 1 year +
Coronary Thrombosis

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy Arterio-sclerotic Coronary Thrombosis
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature Augustus P. Munsels (M. D. or other)
Address 306 Humboldt Bldg Date signed 1/28/43

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

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.....

Just B. Wallmer

Licensed Embalmer No. *4014*

P. O. Address *St Louis Mo*

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.