

FILED JUN 9 1944 18

STANDARD CERTIFICATE OF DEATH

State File No.

1003

5069

Registration District No.

Primary Registration District No.

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:
5310 Ashland Ave. /
(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 Mo (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5310 Ashland
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ernest Arnold Mohon

3. (b) If veteran, name war _____ 3. (c) Social Security No. 335-01-9860

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Nov 22 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Owensboro Ky /
(City, town, or county) (State or foreign country)

10. Usual occupation welder

11. Industry or business unknown

MOTHER FATHER { 12. Name Leslie Mohon
 13. Birthplace Ky /
(City, town, or county) (State or foreign country)
 14. Maiden name Amber Mills
 15. Birthplace Ky /
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Mahon
 (b) Address 5310 Ashland Ave

17. (a) burial (b) Date thereof 6-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) JUN 2 (b) J. F. Bredeek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
 year 1944 hour 9:45 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from May 25 - 1944 to June 1 - 1944
 that I last saw him alive on May 25 - 44, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Tuberculosis
& tuberculosis of lung

Due to _____
 Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

Duration

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 J. H. Hall (M. D. or other)
 Address 4903 Delmore Date signed 6/1/44

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

Albert R. Thompson

Licensed Embalmer No.

4237

P. O. Address

St. Louis

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.