S. No. 2
M—8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36222

Primary Registration District No. 1003

Registrar's No. 9666

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute To City Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Life 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. 4027 Botanical Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph B Moonier

3. (b) If veteran, name war 1919 to 1922

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April (Month) 18 (Day) 1902 (Year)

8. AGE: Years 42 Months 6 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Foreman

11. Industry or business St. Louis Shipbuilding Co

FATHER
12. Name Felix A Moonier
13. Birthplace Perry County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Julia Hart
15. Birthplace Perry County (City, town, or county) Mo (State or foreign country)

16. (a) Informant Florence Moonier

(b) Address 4027 Botanical Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 14 (Day) 44 (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So Kingshighway

19. (a) NOV 13 1944 (Date received local registrar) J. Fredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1944 hour 12.00 AM minute 05 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage from laceration of heart when the automobile which he was driving collided with a street car. Manned by one Rudolph Eggemann.

Due to: about 30 or 40 feet east of Theresa on Lafayette Ave

Other conditions (Include pregnancy within 3 months of death): Around 12:00 Midnight Nov. 11 1944

Major findings:
Of operations
Of autopsy 170

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) Accident

(b) Date of occurrence Nov 10 1944

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature Thomas F Callanan (M. D. or other)

Address Deputy Coroner Date signed 11-13-44

(Licensed Embalmer's Statement on Reverse Side)

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 Edward D McDermo

Licensed Embalmer No. 3024

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, fact should be so stated above.