No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10615

State File No. _____

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 608

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 hours (Specify whether years, months or days)
In this community: Non-Res

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jefferson
(c) City or town: Festus Terre
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: ALBERT MOON
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Mary Town
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 11, 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	10	13	_____ hr. _____ min.

9. Birthplace: Richwoods, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business _____
12. FATHER Name: Unknown
13. FATHER Birthplace: Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Unknown
15. MOTHER Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: John Warren Ivan nephew
(b) Address: 4432a Menard Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation: DeSoto, Missouri
18. (a) Signature of funeral director: A. W. McLaughlin
(b) Address: 2301 Lafayette Av. St. Louis, Mo.
19. (a) 3-12-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1946 hour 12 minute 25 a M.
21. I hereby certify that I attended the deceased from Mar. 11th, 1946, to Mar. 12th, 1946, that I last saw him alive on _____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	5 yrs
Due to: 93d	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

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: W. W. Canter (M. D. or other) MD
Address _____ Date signed 3-13-46

(Licensed Embalmer's Statement on Reverse Side)

APR 1 19[illegible]

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.....C. H. Cooper.....

Licensed Embalmer No.....3830.....

P. O. Address.....2301 Lafayette Av.....

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.