

S. No. 2
M-543
P. 5-17-39
I X36671

FILED AUG 27 1946 **STANDARD CERTIFICATE OF DEATH**

28262

State File No.

Registrar's No.

~~1729~~ 1710

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
917 So. Warson Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Ladue
(If outside city or town limits, write "RURAL")
 (d) Street No. 917 So. Warson Road.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH JEAN MOON
 3. (b) If veteran, name war no 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 17
 year 1946 hour 11 minute 30 A. M.

4. Sex Female 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 September 23 - 1924
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1946 to Aug 17 1946
 that I last saw her alive on June 28 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
21 10 24 hr. min.

Immediate cause of death Pulmonary Hemorrhage
 Due to Pulmonary Tuberculosis
 Due to 13 B
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business _____
 12. Name Laurence E. Moon
 13. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Bottman
 15. Birthplace Carlinville Illinois
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Laurence E. Moon.
 (b) Address 917 South Warson Road
 17. (a) Burial Cemetery (b) Date thereof August 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery

23. Signature [Signature] Address 607 N. Grand Date signed Aug 17 1946
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director C.R. Lupton & Sons
 (b) Address 7233 Delmar Blvd
 19. (a) 8-19-46 (b) E.S. McSweeney
(Date received local registrar) (Registrar's signature)

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

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Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Thou Tho 1792

40-264

OCT 29 1948

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 Raymond L. Morris
Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.