

No. 2  
1/47  
17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAR 11 1948  
Registration District No. 818

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

State File No. 6786  
Registrar's No. 2012

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

1. PLACE OF DEATH:  
(a) County SAINT LOUIS, MISSOURI  
(b) City or town SAINT LOUIS, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution PARK LANE HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 DAYS  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LENA A. MOONE  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, MARRIED  
6. (b) Name of husband or wife EDGAR D. MOONE  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased SEPTEMBER 10th, 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 16  
If less than one day hr. min.

9. Birthplace GREENFIELD, ILLINOIS  
(City, town, or county) (State or foreign country)  
10. Usual occupation HOUSEWORK

11. Industry or business  
12. Name CHARLES MENG  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name BETTIE BAUER  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. EDGAR D. MOONE  
(b) Address 3881 LINCOLN AVENUE  
17. (a) BURIAL (b) Date thereof 3/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. LEBANON CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ  
(b) Address 4828 NATURAL BRIDGE BOULEVARD  
FEB 27 1948  
19. (a) (Date received local registrar) (b) J. F. Beuleck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 600  
(a) State MISSOURI (b) County  
(c) City or town SAINT LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3831 LINCOLN AVENUE 9  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month FEBRUARY day 26th  
year 1948 hour 9 minute 45 P. M.  
21. I hereby certify that I attended the deceased from 2 20 48  
to 2 26 48  
that I last saw ~~her~~ alive on 2 26 48  
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Myocarditis  
Chronic nephritis, arteriosclerosis  
Due to  
Due to  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause of 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) Means of injury  
23. Signature [Signature] (Date or other)  
Address 4930 [Address] Date signed

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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 John A. McEwen  
Licensed Embalmer No. 4186  
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.