

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1949

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1003

State File No. 32026  
8270

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Mary's Infirmary</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>no</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>				d. STREET ADDRESS (If rural, give location) <b>4239 W. Ashland Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eugene</b>			b. (Middle) _____		c. (Last) <b>Moman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 23 '49</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Oct. 30, 1904</b>		9. AGE (In years last birthday) <b>44</b>	10. MONTH (Day) (Year) <b>11 23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Projectionist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Motion Picture</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ernest Moman</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Eaves</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-16-9375</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Timothy Moman</b> ADDRESS <b>1354a Bayard Street</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hyper tension</b> DUE TO (c) <b>Bilateral Polycystic Kidney</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b> <b>unkn.</b> <b>unkn.</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>102</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HHHX</b>			
22. I hereby certify that I attended the deceased from <b>8/30, 1949</b> , to <b>Sept. 23, 1949</b> , that I last saw the deceased alive on <b>Sept. 25, 1949</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. H. Woods M.D.</b>				23b. ADDRESS <b>4448 Easton</b>		23c. DATE SIGNED <b>9/24/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-27-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL <b>SEP 26 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Slaughter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Russell Und., Co., 2732 Pine Blvd.</b>			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Clark Young*

Licensed Embalmer No. *3371*

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.