

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36676**

FILED NOV 14 1952

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Registrar's No. **9607**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City, 4376			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital.				d. STREET ADDRESS (If rural, give location) 7552 Stanford Avenue,			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) A.		c. (Last) Moens	
4. DATE OF DEATH		(Month) Oct.		(Day) 18,		(Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u> (Specify)		8. DATE OF BIRTH May, 6, 1880		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Butcher		11. BIRTHPLACE (City and State or Foreign Country) Brussels, Belgium 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Francis Moens			13b. MOTHER'S MAIDEN NAME Melenie DeSmet			14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G. P. Butzen, 7552 Stanford Ave.			
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) Cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 100-20 (b) Pneumonia LL Cole diabetes DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 5 days 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 260X			
22. I hereby certify that I attended the deceased from July 1952 to 18 Oct, 1952 , that I last saw the deceased alive on 18 Oct, 1952 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Thomas A. Gold				23b. ADDRESS 208 Humboldt Ave		23c. DATE SIGNED 18 Oct 52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-19-1952		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Chicago, Illinois	
DATE REC'D BY LOCAL REG. OCT 20 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E Fair	

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed *Allen W. Hays* Student Embalmer No. _____
Licensed Embalmer No. *3737*
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.