

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33748

State File No. ....

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 9343

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 1737 McCasland Ave.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) WILLIE		sept 25, 1953	
b. (Middle)		c. (Last) MOON	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 19, 1893
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed laborer	11. BIRTHPLACE (City and State or Foreign Country) Selma, Ala.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Dillard Moon	
13b. MOTHER'S MAIDEN NAME Francis May		14. NAME OF HUSBAND OR WIFE Genevieve Moon	
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 R. E. Bradley-26 N. 13th St. E. St. Louis, Ill		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 592x			
22. I hereby certify that I attended the deceased from 6/17, 1953, to 9/25, 1953 that I last saw the deceased alive on 9/25, 1953, and that death occurred at 5:32 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Robert Anderson (Degree or title)		23b. ADDRESS 930 N 2nd St St. Louis	
23c. DATE SIGNED 9/25			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 29, 1953	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois	
DATE REC'D BY LOCAL REG. SEP 29 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Marshall Funeral Home-East St. Louis, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

**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: *Thomas M. Doherty*

Licensed Embalmer No. 4479  
2205 Missouri Ave.  
P. O. Address East St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.