

FILED APR 29 1954  
 XC-1 987 517  
 Reg. 39 SL 39

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13832**  
 Registrar's No. **3728**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>I. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>TOWN 15 N. Grand, St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>30 days</b>		e. STREET ADDRESS (If rural, give location) <b>12-4647 DELMAR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>L.</b> c. (Last) <b>MOON</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>4-22-54</b>		
--	--	--	---	--	--

<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>9-29-91</b>	<b>9. AGE</b> (In years last birthday) <b>62</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 48 HRS.</b> Hours _____ Min. _____
------------------------------	---	---	---	---	---	---

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>GUARD</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>MEAT PACKING</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>BONNE TERRE, MISSOURI</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
--	--	---	--	---	--	---

<b>13a. FATHER'S NAME</b> <b>Pressley T. Moon</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Julia Bequette</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Elva J. Moon</b>	
--	--	---	--	---	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-I</b>		<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>VA HOSP. RECORDS, St. Louis, Mo.</b>		<b>ADDRESS</b>
--	--	--	--	---	--	----------------

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Undet.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>					
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.						

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	--	---	--	--	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>443X</b>	
---	--	---	--	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)			<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
---	--	--	--	--	-----------------------------------

**22. I hereby certify that I attended the deceased from 3-23-54, 19, to 4-22-54, 19, that death occurred at 8:00 a. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Geo. L. Tonelli</b>		<b>(Degree or title)</b> <b>M.D.</b>		<b>23b. ADDRESS</b> <b>VAHOSP. ST. LOUIS 6, MO.</b>		<b>23c. DATE SIGNED</b> <b>4-22-54</b>
---	--	---	--	--	--	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>4-24-54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Laurel Hill Cem.</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
---	--	------------------------------------	--	--	--	---

<b>DATE REC'D BY LOCAL REG.</b> <b>APR 26 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Southern Funeral Home</b>		<b>ADDRESS</b> <b>6322 S. Grand Blvd.</b>
---	--	---	--	---	--	--

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *David Van Horn*.....

Licensed Embalmer No. *42*.....

P. O. Address *632 2nd St*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
to comply with the above (constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.