XC-420 230
SL-1257 FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6482

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1207

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo. — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Veterans Administration Hospital — Length of stay in lb 21 days

35

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY ST. CLAIR

c. CITY OR TOWN EAST ST. LOUIS 8120 8 — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1445 N. 47TH — Reside on Farm Yes ☐ No ☒

32

3. NAME OF DECEASED (Type or print) First VERNON Middle W. Last MOON

4. DATE OF DEATH Month Day Year 2-6-57

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 9-7-94

9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY RAILROAD COMPANY

11. BIRTHPLACE (City and state or country) DEFIANCE, OHIO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME FRANK MOON

14. MOTHER'S MAIDEN NAME ANNA ANKNEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES-I (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 702-09-0134

17. INFORMANT Address VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c) 420.0H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Post-operative resection of Carcinoma of Colon

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour, a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-16-57, to 2-6-57 and last saw him alive on 2-6-57
Death occurred at 7:35 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.T. Kaminskas M.D.

22b. ADDRESS 915 N. Grand VA HOSP. ST. LOUIS, MO.

22c. DATE SIGNED 2-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 2-7-57

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR John J. Kassly — ADDRESS E. St. Louis, Illinois

25. DATE RECD. BY LOCAL REG. FEB 6 '57

26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by .....Not Embalmed....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed ...Joseph J. Kasaly...

Licensed Embalmer No. 2ll.

P. O. Address E. St. Lou

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.