

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15554**

FILED APR 29 1957

BIRTH NO. **27590-57** REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **541** Registrar's No. **1028**

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Valley Park 4761</b>	
c. LENGTH OF STAY (in this place) <b>8 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>728 Marshall</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Billy</b> b. (Middle) <b>Moungo</b> c. (Last) <b>Moungo</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-15-1957</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>4-6-57</b>
9. AGE (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 24 HRS. Hours <b>8</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Delores Moungo</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Delores Moungo-Valley Pk.</b> ADDRESS <b>Valley Pk.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC FAILURE</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Congestion &amp; Oedema</b> DUE TO (c) <b>COR TRICULARE BIATRIUM</b> 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? <b>YES</b> <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)	
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	
22. I hereby certify that I attended the deceased from <b>4-7-1957</b> , to <b>4-15-1957</b> , that I last saw the deceased alive on <b>4-15-1957</b> , and that death occurred at <b>9:35</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Jefferson M.D.</b> (Degree or title)		23b. ADDRESS <b>610 S. Brentwood, Clayton, Mo.</b>	23c. DATE SIGNED <b>4-15-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>4-17-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis City Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>5400 Arsenal, Missouri</b>
DATE REC'D BY LOCAL REG. <b>4-18-57</b>	REGISTRAR'S SIGNATURE <b>Hubert B. Dombek</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>County Hosp. - Clayton, Mo.</b> ADDRESS	

**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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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