SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027137
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6523

FILED JUL 25 1961

DATE AMENDED 97

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO
b. COUNTY
c. CITY OR TOWN ST. LOUIS
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3350 S. JEFFERSON
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ALTA Middle Last MOON
4. DATE OF DEATH Month 7 Day 11 Year 61
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-8-1884
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK
10b. KIND OF BUSINESS OR INDUSTRY MASONIC HOME
11. BIRTHPLACE (City and state or country) DESOTO, MO
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME PRESLEY MOON
13b. MOTHER'S MAIDEN NAME JULIA BERQUETTE
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT JESSIE LANGE Address 3350 S. JEFFERSON

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) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 420.0
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 7/5/61, to 7/11/61 and last saw her/him alive on 7/11/61
Death occurred at 9:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David L. Beato (Degree or title) M.D.
22b. ADDRESS 1515 LAFAYETTE AVE.
22c. DATE SIGNED 7/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 7-15-61
22c. NAME OF CEMETERY OR CREMATORY VALHALLA
23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO
24. FUNERAL DIRECTOR J.L. ZIEGENHEIN ADDRESS 7037 GRAVOIS
25. DATE RECD. BY LOCAL REG. JUL 13 1961
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

ITEM NO. SHOULD READ INSTEAD OF BY AFFIDAVIT OF DOCUMENT

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 Donald Bissy

Licensed Embalmer No. 2863

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

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