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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4565

State File No.

FILED FEB 18 1943

Registration District No. 8118

Primary Registration District No. 1003

Registrar's No. 1281

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 22 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2707 Henrietta
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Edith Moon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James W.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 14, 1880
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	10	23	hr. min.

9. Birthplace Perry County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Napoleum Grimm
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Porter
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mary Farley
(b) Address 2707 Henrietta

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof February 9, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Missouri

18. (a) Signature of funeral director A. L. McLaughlin
(b) Address 2301 Lafayette

19. (a) FEB 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7,
year 1943 hour 2:00 minute A.M.

21. I hereby certify that I attended the deceased from February 5, 1943 to February 7, 1943;
that I last saw her alive on February 7, 1943;
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Ca of Common Bile Duct
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Carcinoma of Common Bile Duct

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. H. Clemens M.D. (Attending physician or coroner)
Address 1515 Lafayette Avenue, Date signed 2/18/43

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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