

JUN 10 1940 784

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 969

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township.)
(c) Name of hospital or institution:
3715 St. Annas Lane Normandy, A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether
In this community Dont Know
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. 2855 Chippewa
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Patrick T. Moran 6-50

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mary Meyer Moran 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dont Know
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 74 hr. min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation clerk

11. Industry or business Railway Express Co.

12. Name Patrick Moran

13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Brown

(b) Address 1125 Talmage Avenue.

17. (a) Burial (b) Date thereof May 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mrs J. J. ...

(b) Address 2519 S. Grand Blvd.

19. (a) MAY 20 1940 (b) Dr. Meyer M.D. ...
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1940 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from 5/14, 1940, to 5/18, 1940;
that I last saw him alive on 5/17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis
secondary
Due to Chronic degenerative
cardiac

Due to _____
Other conditions chronic arthritis
(Include pregnancy within 3 months of death)

Major findings: 93C
Of operations _____
Of autopsy _____

Duration
?
?
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 Dr. Meyer (M. D. or other) _____

Address Ferguson Mo Date signed 5/20/40

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

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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

Howard G. Rowland

Licensed Embalmer No.

3114

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 this body is not embalmed, above space should be left blank.