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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27189

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 7085

1. PLACE OF DEATH:

(a) County St Louis Mo

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

(c) Name of hospital or institution: DePaul Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 4856 Anderson (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME INFANT MORIARITY

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife —

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

7. Birth date of deceased Aug 20 (Month) — (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day 15 hr. 47 min.

9. Birthplace DePaul Hosp (City, town, or county) St Louis Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Martin Moriarity
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Lampe
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Martin Moriarity

(b) Address 4856 Anderson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan

(b) Address 2849 No Rutlet

19. (a) AUG 22 1940 (Date received local registrar) (b) J. F. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1940 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 20th, 1940, to Aug 21, 1940 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Premature baby (7 mos)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No findings except prematurity

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 Albert J Motzel (M. D. or other)

Address 2739 No Grand Date signed Aug 21 1940

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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