

FILED JUN 10 1942  
791

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. ....

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17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
Deaconess Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED: **4627**

(a) State Missouri (b) County.....

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

(d) Street No. 5066 Westminister Pl.  
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Kate O'Moran

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th  
year 1942 hour 5:45 PM minute..... M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William O'Moran

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

7. Birth date of deceased Aug. 31 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 17 1942 to May 26 1942

that I last saw him alive on May 26 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66 8 3 hr. min.

Immediate cause of death Endarteritis

Due to General Arterio Sclerosis 44r.

Due to Diabetes Mellitus ?

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Unknown Serbia 8  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Thomas Munchan

13. Birthplace Unknown Serbia 8  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Serbia 8  
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen T. O'Moran

(b) Address 5066 Westminister Pl.

17. (a) Burial (b) Date thereof 5/29/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 28 1942 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature G. R. Shreffler (M. D. or other).....  
Address 1020 Mo. Dental Bldg. Date signed 5-28-42

844

Moran

**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 William G. Buchholz  
Licensed Embalmer No. 2410 J  
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 this body is not embalmed, fact should be so stated above.**