

FD JUL 13 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 6075

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:  
5749 St. Louis Ave. /  
(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

3. (a) PRINT FULL NAME Gertrude T. Moran

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife James J. Moran 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec. 22nd., 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 6 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Callahan  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eileen Mulcahy  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James J. Moran

(b) Address 5749 St. Louis Ave.

17. (a) Burial (b) Date thereof 7-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Arthur J. Donnell

(b) Address 3840 Lindell Blvd.

19. (a) JUL 13 1943 (b) J. S. Braddock  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
17  
(c) City or town St. Louis 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5749 St. Louis Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st.  
year 1943 hour 11 minute 45 a. m.

21. I hereby certify that I attended the deceased from Jan 1943 to July 1 1943  
that I last saw her alive on July 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma left Breast 1 yr  
50

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma  
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? \_\_\_\_\_

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

23. Signature Thos M. Mathis (M. D. or other)  
Address 634 No 9th Date signed 7/2

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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**