

FILED AUG 20 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6290

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:
Booth Memorial Hosp.
(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. Missouri (b) County. 0-0-0
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 4412a Papin St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Baby Moroney

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. Single

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

7. Birth date of deceased. Aug. 6 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 hours hr. min.

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

10. Usual occupation. --

11. Industry or business

12. Name. William Moroney
13. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Marie Bloss
15. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. William Moroney
(b) Address. 4412a Papin St.

17. (a) Burial (b) Date thereof. 8/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Wacker - Mldtule
(b) Address. 3634 Gravois Ave.

19. (a) AUG 7 1946 (b) J. F. Bredech
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Aug. day. 6
year. 1946 hour. 9 minute. 50P M.

21. I hereby certify that I attended the deceased from Aug 6
(3:45 pm) to 9:30 pm Aug 6, 1946
that I last saw him alive on Aug 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary atelectasis

Due to. Congenital defect

Due to. 16/1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

life
life

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) (c) Means of injury

23. Signature. George Esker M.D. (M. D. or other)
Address 2813 Watson Date signed 8/7/46

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

MOTHER FATHER

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.....

working under my personal supervision.

Embalmer

Registered Apprentice No.....

no

Signed.....

Robert Wheeler

Licensed Embalmer No.....

2128

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.