

No. 2
-12-45
5-17-39
I X47070

FILED MAR 11 1947

Registration District No. 318 Primary Registration District No. 10

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:
910 Geyer Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 65 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 910 Geyer Ave 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Moran
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 25th
year 1947 hour 8:05 PM minute 308 M.

4. Sex Female 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 _____ years
7. Birth date of deceased aug-10-1871 September 15, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 8 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death
Heart disease
Due to Heart disease

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

Due to Heart disease
Other conditions (Includes pregnancy within 3 months of death) 93

10. Occupation At home

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
Name William Moran
Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
Maiden name Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

(a) Informant Mrs Mary Potts
(b) Address 4310 Penrose St.

(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? _____

(a) Burial (b) Date thereof 3/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Calvary Cemetery
(d) Signature of funeral director Math Hermann & Son, Inc.
(e) Address 2161 East Fair Ave

23. Signature Dr. Alfred Perry (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury 3

19. (a) FEB 27 1947 (b) J. F. Brodeur
(Date received locally) (Registrar's signature)

Address Deputy Coroner Date signed 2-27-47

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

OTHER
MOTHER
Can only
see 2-27-47

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 *Gustav W. Dietrich*.....

Licensed Embalmer No. *4329*.....

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.

W 135543 Council #618 - Apt. 1901

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of St. Louis } ss.

State File No.
Local Registrar's No. 2037

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18 day of March, 1947, before me appears Mrs. Mary Potts, who, upon her oath, states that the original record of birth death for Agnes Moran died 2-25 born 2-25, 1947 in the State of Missouri, and which was filed at on 19....., should be corrected as follows:

- Item No. 7 should read Aug 7-10-1871
Instead of 9-15-1860
- Item No. 8 should read 75-4-15
Instead of 86-5-10
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Mary Potts Self
Relationship.
4310 Penrose Dr.
Present Address.

Subscribed and sworn to before me this 18 day of March, 1947.

My Commission expires 3-4-49 John C. Piddock Notary Public.

S-6728