

S. No. 2  
M-8-43  
5-17-39  
PI X37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15450**

FILED MAY 9 1947  
318

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

Primary Registration District No. **1003**

Registrar's No. **4269**

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:  
**St. Louis City Hospital** 0  
(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 **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **197**  
(d) Street No. **3623 Laclede Ave.**  
(If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Nicholas Mooroyeanes**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Helen Mooroyeanes** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **(About) August 17 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 8 8** hr. min.

9. Birthplace **Volo Greece**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Owner & Operator**

11. Industry or business **Shoe Shine Parlor**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **James Mooroyeanes**

(b) Address **3623 Laclede**

17. (a) **Burial** (b) Date thereof **4-28-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **APR 25 1947** (b) **J. F. Brodeur**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**  
year **1947** hour **3** minute **30** A.M.

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.

Immediate cause of death **1. Subdural hemorrhage (old) of Brain. 2. Fracture of ribs when found in the hallway of his home**  
Due to **3623-a Laclede Ave., around 5:17 P.M., April 24th 1947. CAUSE AND**

Due to **MANNER OF SAME COULD NOT BE DETERMINED. OPEN VERDICT**

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) **open verdict**  
(b) Date of occurrence **April 24 1947**  
(c) Where did injury occur? **St. Louis, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**unknown**

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

23. Signature **Patrick E. Doyle** (M.D. or other) **3**  
Address **By Courier** Date signed **4/25/47**

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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 Blaine R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

**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.**