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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 23 1948
Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 78

Primary Registration District No. 3063

State File No. 3388
Registrar's No. 78

1. PLACE OF DEATH:
(a) County CLAYTON Richmond Hts
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. MARY'S HOSPITAL
(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
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3634 Botanical 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME FRANK J. MORONY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race W
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 JANUARY 29, 1893 (Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS, MO. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Fireman
11. Industry or business Bd. of Education
FATHER
12. Name JAMES J. MORONY 9
13. Birthplace Unk (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CATHERINE O'BRIEN
15. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Board of Education
(b) Address St. Louis, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) 1-10-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 8TH, year 1948 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 22, 1947 to Jan 8, 1948 that I last saw him alive on Jan 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Wear Stomach probably Carcinoma
Due to Carcinoma of Pancreas
Due to Stomach Metastases of Liver
Other conditions (Include pregnancy within 3 months of death) 466
Major findings: Of operations As above
Of autopsy As above

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address [signature] Date signed 1/9/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1948

JAN 26 1948

DR J. F. CLANCY
UNIVERSITY CLUB BLDG
1 TO 3

JE 9962

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 J. Wm Bentley

Licensed Embalmer No. 13653

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.