No. 300
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P 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 28509

Registrar's No.

1. PLACE OF DEATH:

(a) County: St Louis Co

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 17

(c) City or town: St Louis Mo. 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 6445 Vermont Ave 1
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Nellie Moran

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: John J. Moran

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: November (Month) 4 (Day) 84 (Year)

8. AGE: Years 63 Months 8 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: At Home

MOTHER FATHER

12. Name: Carl

13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

14. Maiden name: E.M. Dummelinger

15. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant: John J. Moran

(b) Address: 6445 Vermont Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: August 16 (Month) (Day) (Year)

(c) Place: burial or cremation: Resurrection

18. (a) Signature of funeral director: Fendler Und Co.

(b) Address: 7420 Michigan Ave

19. (a) 9/7/48 (Date received by local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1948 hour 1:35 minute A M.

21. I hereby certify that I attended the deceased from July 25, 1948, to Aug 12, 1948, that I last saw her alive on Aug 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Rt. hemiplegia — Duration 4 hrs.

Due to: Previous hemiplegia 1st 5 yrs ago.

Due to: Hypertension

Other conditions (Include pregnancy within 3 months of death): 837

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) ____

(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: C H Denny (M. D. or other) MD

Address: Creve Coeur, Mo. Date signed 8-12-48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.