

FILED NOV 6 1948 318

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34495

Registrar's No. 9328

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3123 Whittier St.,
(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

3. (a) PRINT FULL NAME Michael Moran

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-20-4585

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mamie Moran

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

7. Birth date of deceased Nov. 10, 1882
(Month) (Day) (Year)

8. AGE: 66 Years 7 Months 18 Days
If less than one day _____ hr. _____ min.

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

10. Usual occupation Maintenance Man

11. Industry or business International Shoe Co.

12. Name Richard Moran

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

14. Maiden name Ann Walsh

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

16. (a) Informant Mamie Moran, wife

(b) Address 3123 Whittier

17. (a) Burial (b) Date thereof 10/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Fun. Dir.

(b) Address 2849 No. Euclid

19. (a) OCT 28 1948 (b) J. B. Rosater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3123 Whittier
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th
year 4 hour am minute _____ M.

21. I hereby certify that I attended the deceased from any time
1948 to Oct 27, 1948
that I last saw him alive on Oct 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
of entire neck and face
Due to Ca of left tonsil
Duration 4 months

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Biopsy - Carcinoma
Of operations _____
Of autopsy no
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) (e) Means of injury _____

23. Signature W. T. Gannon (M. D. or other) _____
Address University Club Bldg Date signed 10/28/48

Dr. Glennon.
Jef. 5663
University Club. 2 pm.

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 Robert L. Brubaker

Licensed Embalmer No. 3553

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.