

No. 300  
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5-17-39  
DI 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED DEC 14 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **38462**  
Registrar's No. **10528**

Registration District No. **318**

Primary Registration District No. **1003**

**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:  
City Sanitarium  
(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 \_\_\_\_\_

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

(d) Street No. 3660a Flad  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JOSEPH MORAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 9 1892  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Steamfitter

11. Industry or business Retired

MOTHER, FATHER

12. Name Thomas Moran

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Moine

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Moran

(b) Address 3660a Flad

17. (a) Burial (b) Date thereof 12/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director PROVOST UND. CO.

(b) Address 3710 N. Grand Blvd.

19. (a) DEC 4 1948 (b) J. B. Lester  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. 2 day \_\_\_\_\_ 2  
year 1948 hour 6.55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to Dec. 2, 1948  
that I last saw him alive on Dec. 2, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Lobar Pneumonia-right upper & lower 2 ds.

Due to Venous Thrombosis & infarcts

Other conditions Edema (slight)  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Yes

**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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature R. Hopfmaier (M. D. or other) Dr. D.  
Address 5400 Arsenal St. Date signed 12/3/48

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

**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 Albert Mayfield

Licensed Embalmer No. 3077

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.**