

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14503

State File No. 3194
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No. 3194		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129		d. STREET ADDRESS (If rural, give location) 1263 N. Euclid			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				3. NAME OF DECEASED a. (First) LORETTA		b. (Middle) Anna		c. (Last) Moroney			
4. DATE OF DEATH (Month) (Day) (Year) 4 3 51		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 20, 1921			
9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Months 3 Days 13		IF UNDER 24 HRS. Hours 13 Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Comptometer Operator		10b. KIND OF BUSINESS OR INDUSTRY City Products Co.			
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U		13a. FATHER'S NAME James P. Moroney		13b. MOTHER'S MAIDEN NAME Mary Higgins			
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 490-14-9298		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Moroney 1263 N. Euclid					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency ANTECEDENT CAUSES DUE TO (b) Rheumatic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Mitral valvulitis; Aortic valvulitis; Tricuspid valvulitis. Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 9 years 16 years 9 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/6X									
22. I hereby certify that I attended the deceased from June , 19 47 , to 4/3 , 19 51 , that I last saw the deceased alive on 4/3 , 19 51 , and that death occurred at 9:45 am. , from the causes and on the date stated above.											
23a. SIGNATURE J.R. Bradley (Degree or title) M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/3/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/7/51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 5 1951		REGISTRAR'S SIGNATURE J. B. Kasater		FEDERAL DIRECTOR'S SIGNATURE Chas. P. Stewart		ADDRESS 1225 Union					

WRITE PLAINLY—USING 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Clement McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.