

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18401

State File No. ....

318

1003

Registrar's No. 4403

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4403</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>15 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2249</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3930 Nebraska Ave.</b>				2. STREET ADDRESS (If rural, give location) <b>3930 Nebraska Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTIN</b>		b. (Middle) <b>J.</b>		c. (Last) <b>MORAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8-17-1875</b>	
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Month <b>8</b> Days <b>22</b> Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <b>John Moran</b>		13b. MOTHER'S MAIDEN NAME <b>Ann O'Brine</b>	
13c. NAME OF HUSBAND OR WIFE <b>Marie Niemeier Moran</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Marie Moran, above</b>	
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) <b>Cardiac decompensation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic endocarditis &amp; nephritis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>592X</b>					
22. I hereby certify that I attended the deceased from <b>March 1, 1951</b> , to <b>May 9, 1951</b> , that I last saw the deceased alive on <b>May 9, 1951</b> , and that death occurred at <b>11:30 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>D. J. Johnson M.D.</b>				23b. ADDRESS <b>6440 Meridian</b>		23c. DATE SIGNED <b>5-10-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-12-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 10 1951</b>		REGISTRAR'S SIGNATURE <b>L. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH, 7456 Manchester Ave. Maplewood 17, Mo.</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*H. C. Burgess*

Licensed Embalmer No. \_\_\_\_\_

*4029*

P. O. Address \_\_\_\_\_

*Maplewood*

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.