

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22405**  
Registrar's No. **6185**

FILED JUL 15 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township!) TOWN <b>St. Louis</b> <b>2259</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Infirmiry Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1416 Cass</b>	

3. NAME OF DECEASED (Type or Print) <b>Frank Moriarity</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 19 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Sept. 12, 1878</b>
9. AGE (In years last birthday) <b>73</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Bookkeeper</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Louisiana</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>George Moriarity</b>	13b. MOTHER'S MAIDEN NAME <b>Mary ?</b>	14. NAME OF HUSBAND OR WIFE <b>Divorced Unavailable</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. <b>494-07-5362a</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>City Infirmiry -5800 Arsenal Street</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>Hypertensive Cardio Vascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE (b) <b>Generalized Arteriosclerosis</b>		<b>years</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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443X</b>

22. I hereby certify that I attended the deceased from **7/2**, 1952, to **6/19**, 1952, that I last saw the deceased alive on **6/19**, 1952, and that death occurred at **8:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Renzel Eber M.D.</b>	(Degree or title)	23b. ADDRESS <b>5600 Arsenal</b>	23c. DATE SIGNED <b>6/19/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>6-27-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>

DATE REC'D BY LOCAL REG. <b>JUN 30 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Morrell Funeral Home, 4212 St. Louis</b>
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Licensed Embalmer's Statement on Reverse Side

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 M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo.

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.