

SEP 3- 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29831

318

1003

State File No. ....

7762

BIRTH NO. _____		REG. DIST. NO. _____	PRIMARY REG. DIST. NO. _____	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>5259 Maffitt Ave.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>		b. (Middle) <b>T.</b>		c. (Last) <b>Moran</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 14 1952</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>June 19 1907</b>
9. AGE (In years last birthday) <b>45</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if outside)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>John Moran</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Dalton</b>		14. NAME OF HUSBAND OR WIFE <b>Mary R. Moran</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY # <b>94-07-4219</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary R. Moran</b> ADDRESS <b>5259 Maffitt Ave.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Vascular Renal Disease</b> ANTECEDENT CAUSES <b>Bronchial Asthma</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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		
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>442X</b>
22. I hereby certify that I attended the deceased from <b>Jan 10 1952</b> to <b>Aug 14 1952</b> , that I last saw the deceased alive on <b>Aug 14 1952</b> , and that death occurred at <b>1:25 p.m.</b> from the causes and on the date stated above.				
23a. SIGNATURE (Type or Print) <b>John B. McSwiney</b>		23b. ADDRESS (Specify or title) <b>5014 Phokela Ave</b>		23c. DATE SIGNED <b>8-15-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/18/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan's</b> ADDRESS <b>2849 N. Euclid Ave.</b>		
DATE REC'D BY LOCAL REG. <b>AUG 15 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Francis Williamson

Licensed Embalmer No. 3565

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.