

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22020

State File No.

FILED JUN 25 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5675

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5675

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS,		c. CITY OR TOWN ST LOUIS,		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		6. STREET ADDRESS (If rural, give location) 1472 ARLINGTON AVE		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1472 ARLINGTON AVE		3. NAME OF DECEASED (Type or Print) CATHERINE MORIARTY		4. DATE OF DEATH (Month) (Day) (Year) JUNE 12, 1956	
a. (First)		b. (Middle)		c. (Last)	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH ABOUT 1876		9. AGE (In years last birthday) ABOUT 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) CO. KERRY IRELAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME MARTIN MCKENNA	
13b. MOTHER'S MAIDEN NAME MARY RILEY		14. NAME OF HUSBAND OR WIFE JAMES J. MORIARTY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JAMES J. MORARTY		ADDRESS 1472 ARLINGTON AVE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		ANTECEDENT CAUSES (b) Carcinoma Colon			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 12/1/55		19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon 153X		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	
22. I hereby certify that I attended the deceased from 1952, to 6-12-1956, that I last saw the deceased alive on 6-5-1956, and that death occurred at 1:00 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John F. Shaner M.D.		23b. ADDRESS 3720 Washington Blvd		23c. DATE SIGNED 6-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/15/56		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) ST LOUIS MISSOURI		24e. (State)		DATE REC'D BY LOCAL REG. JUN-14 1956	
REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE			

WRITE PLAINLY—USING UNFAADING 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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.