

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041839

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10378

FILED OCT 24 1963

VS 300
Rev. 4/59

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DATE AMENDED: 10-25-62, 10-25-63
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
 INSTEAD OF: Superintendent, 10-19-1915-47
 DOCUMENT FROM St. L. Mo. 10-19-1912
 BY AFFIDAVIT OF Funeral Director
 ITEM NO. SHOULD READ: 10 Superintendent, 8-9 10-19-1912-50 yrs

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u> Length of stay in 1b <u>3 wks</u>		c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Faith Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1309 Fairmont Ct.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Thomas Middle Patrick Last Moran

4. DATE OF DEATH Month 10 Day 17 Year 1963

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 10/19/1915 9. AGE (last birthday) 47 50

10. USUAL OCCUPATION (Give kind of work done during month preceding death) Superintendent 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.

11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas P. Moran 13b. MOTHER'S MAIDEN NAME Nellie Lynott

14. NAME OF HUSBAND OR WIFE Ruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no

16. SOCIAL SECURITY NO. 410x 17. INFORMANT Mrs. Ruth Moran Address 1309 Fairmont Ct.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Rheumatic heart disease with mitral stenosis and congestive failure INTERVAL BETWEEN ONSET AND DEATH years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 410x

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Retroperitoneal abscess from perforated diverticulitis

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 12:30 Month, Day, Year 10/17/63

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo. STATE Mo.

21. I attended the deceased from 1955 to 10/17/63 and last saw him alive on 10/17/63

Death occurred at 12:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Max S. Frankel M.D. 22b. ADDRESS 607 N. Grand 22c. DATE SIGNED OCT 18 1963

23. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/19/1963 23c. NAME OF CEMETERY OR CREMATORY Calvaria 23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Jos. A. Howard ADDRESS 1619 So. Grand 25. DATE RECD. BY LOCAL REG. OCT 18 1963 26. REGISTRAR'S SIGNATURE Rod Smith, M.O.

USE BLACK INK OR TYPEWRITER RIBBON

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 Elton R. Penelau

Licensed Embalmer No. 4283

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.