APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9474
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 3063

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.
(e) Length of residence in city or town where death occurred 48 yrs. 9 mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Joseph Moriarty 663
(a) Residence, No. 4139 Lexington Ave. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-21-~~1890~~ 1889

7. AGE: Years 48 | Months 9 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Chauffeur
9. Industry or business in which work was done, as saw mill, bank, etc.: Cement Mfg. Co
10. Date deceased last worked at this occupation (month and year): 1929
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER
13. NAME: Daniel Moriarty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER
15. MAIDEN NAME: Johanna Donahue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Hubert O. Smith 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 2 1938

19. FUNERAL DIRECTOR (ADDRESS): Sroot & Sroot 4600 Natural Bridge

20. FILED MAR 31 1938 J. D. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-24-38, 19, to 3-30-38, 19
I last saw h. 1m alive on 3-30-38, 19. Death is said to have occurred on the date stated above, at 6:55 m. A.M.
The principal cause of death and related causes of importance were as follows:

General Paralysis of insane (8-1929)

Date of onset

Other contributory causes of importance: Aortitis (Luetic) 8-1929

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Hubert O. Smith M. D.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BOM-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Grant H Stout

Licensed Embalmer No. 2265

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.)