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

FILED AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23181

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5626

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood, Mo. NR
(If outside city or town limits write "RURAL")

(d) Street No. 3035 Laclede Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME MARY MARGARET MORAN (57)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 13. (Day) 1922 (Year)

8. AGE: Years 17 Months 9 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at school

11. Industry or business 0

FATHER
12. Name John L. Moran 0
13. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Julia M. Courtney
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John L. Moran
(b) Address 3035 Laclede Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 7146 Manchester Ave.

19. (a) JUL 1 1940 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from , 19 to June 30, 1940 that I last saw him alive on June 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Peritonitis	4 days
Due to Perforation Colon	4 days
Due to Ulcerative Colitis (non specific)	8 mo
Other conditions (Include pregnancy within 3 months of death)	0

Major findings:
Of operations
Of autopsy As above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature John T. Hammond (M. D. or other) M.D.
Address 634 N. Grand Blvd. Date signed 7/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 714 Manchester

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, above space should be left blank.