

STANDARD CERTIFICATE OF DEATH

State File No.

6283

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County ST Louis
 (b) City or town ST Louis
 (c) Name of hospital or institution: St Luke's Hospt 1
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution 1 hr
 In this community 2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES B. MORAN 6503. (b) If veteran, 491-09-9356 name war. No 3. (c) Social Security No. _____4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 39 years7. Birth date of deceased August 10 1896
(Month) (Day) (Year)8. AGE: Years 49 Months 11 Days 16 If less than one day hr. _____ min.9. Birthplace St Joseph Mo. (City, town, or county) (State or foreign country)10. Usual occupation Traffic Manager
11. Industry or business Collier Adams Mfg., CO12. Name James Moran 113. Birthplace unknown (City, town, or county) (State or foreign country)14. Maiden name Theresa Donlan (City, town, or county) (State or foreign country)15. Birthplace unknown 9 (City, town, or county) (State or foreign country)16. (a) Informant's own signature J Louch
(b) Address 5569 Chamberlain17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1940
(Month) (Day) (Year)(c) Place: burial or cremation St Joseph Mo.18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar19. (a) JUL 26 1940 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Joseph N.R.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2215 Vories
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 26
year 1 hour 45 minute A. M.21. I hereby certify that I attended the deceased from July 25
1940 to July 26, 1940;
that I last saw him alive on July 26 - 1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Myocarditis - Chronic
acute Infective
pericarditisDue to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy Pericarditis - acute - subacute
myocarditis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Brodeur (M. D. or other M.D.)Address 1400 Chase Date signed 7-26-40

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

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.