

Registration District No. **791** Primary Registration District No. **1003**

DECEASED
DEC 11 1940

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:
De Paul
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Owen T. Moran

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 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 August 8 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 3 13 hr. min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Thomas J. Moran

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mc Carthy

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Moran

(b) Address 7602 Augusta Ave.

17. (a) Burial (b) Date thereof 11 25 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen Kelly

(b) Address 7267 Natural Bridge

19. (a) NOV 23 1940 (b) J. F. Deibel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits write "RURAL")
(d) Street No. 7602 Augusta Ave. N.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1940 hour 9 minute 25A M.

21. I hereby certify that I attended the deceased from Nov 18, 1940, to Nov 21, 1940.
that I last saw him alive on Nov 21, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Embolus
Congestive Heart Failure

Due to Myocarditis Ch.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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. Hayden (M. D. or other) M.D.

Address 5899 Odellman Date signed 11/21/40

Duration

10 hrs.

few hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Doctor Hayes
5199 Selman

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

Clement M. Neuf

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.