

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16741
4259

State File No. 4259
Registrar's No.

Registration District No. 7917 Primary Registration District No. 1

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

1. PLACE OF DEATH:
(a) County
(b) City or town. ST. LOUIS
(c) Name of hospital or institution: JOSEPHINE HEITKAMP HOSPITAL
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town. ST. LOUIS 1717
(d) Street No. 3023 ST. VINCENT AV.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELLEN MORAN
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20 year 1941 hour 8:50 minute 4 M.
21. I hereby certify that I attended the deceased from May 17, 1941, to May 20, 1941; that I last saw her alive on May 20, 1941; and that death occurred on the date and hour stated above.

4. SEX FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married. divorced WIDOWED
6. (b) Name of husband or wife. THOMAS P. MORAN 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. about 1867 (Month) (Day) (Year)

Immediate cause of death. Acute myocarditis with decompensation Chronic Endocarditis
Due to age
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations

8. AGE: Years 74 Months Days If less than one day hr. min.

9. Birthplace. IRELAND (City, town, or county) (State or foreign country)
10. Usual occupation. HOUSEKEEPER
11. Industry or business. OWN
12. Name. GERAGHTY
13. Birthplace. IRELAND (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace. IRELAND (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause of death which should be charged statistically.
22. If death due to external causes, (a) Accident, suicide, or homicide (specify) any injury (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. Buedich (M. D. or other) Address 1715-50 39th Date signed 5-31-41

16. (a) Informant Thomas E. Moran
(b) Address 3428 Junata
17. (a) BURIAL (b) Date thereof MAY 23 1941 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director E. J. Schurer
(b) Address 3125 Lafayette Ave.
19. (a) MAY 21 1941 (b) J. Buedich (Date received local registrar) (Registrar's signature)

NO. 1111

WARM BELLE

1914

1111

1111

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... *Joseph Hollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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, fact should be so stated above.