

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8646

State File No.

Registrar's No.

2300

Registration District No. 791

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 5204 Ridge 1
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 617
(c) City or town St. Louis 619
(If outside city or town limits, write "RURAL")
(d) Street No. 5204 Ridge Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Mary Hanley

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

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 1942
(Month) (Day) (Year)

8. AGE: Years 99 Months 9 Days - If less than one day _____ hr. _____ min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Domestic

12. Name Martin Moran

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Moran

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mrs. H. H. Moran

(b) Address 5204 Ridge

17. (a) Burial (b) Date thereof Mar 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director John F. Starnes

(b) Address 1225 Union Blvd.

19. (a) MAR 13 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day March
year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-4-1940 to 3-11-1942
and that death occurred on the date and hour stated above.
I last saw her alive on 3-10-1942
Duration _____

Immediate cause of death Chronic myocarditis

Due to arteriosclerosis

Due to chronic nephritis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1/2/1

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. N. White (M. D. or other) MD

Address 2203 Quincy Street Date signed 3/2/42

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 *Bernard A. Stuart*
Licensed Embalmer No. *3500*
P. O. Address *1295 Union, Blue*

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.