S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16470

FILED JUN 15 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4897

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
De Paul Hospital 0
(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 Missouri (b) County 000 19

(c) City or town St. Louis 7 1
(If outside city or town limits, write "RURAL")

(d) Street No. 4923 Harney Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME INFANT MARY MORIARITY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 3 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. 30 min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Martin Moriarity
13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clementine Lampe
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Moriarity (father)
(b) Address 4923 Harney Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers
(b) Address 2849 No. Euclid Ave.

19. (a) JUN 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th.
year 1942 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from birth
9:26 PM June 3 1942 to 1:50 AM June 4 1942
that I last saw her alive on June 3 10:30 PM 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Premature Baby (6 mos)	
Due to wt 2 pounds.	
Due to Placenta previa marginalis + maternal Hemorrhage.	
Other conditions (Include pregnancy within 3 months of death) (Mothers condition is good.	

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Albert J Motzel (M.D. or other)
Address 2739 No Grand Bl Date signed 6-4-42

(Licensed Embalmer's Statement on Reverse Side)

Motzel 2:45 P.M.

Dr. A. J. Matzel
2743 No. Grand
Tn. 3960
Ch. 5868

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 Albert Maffield

Licensed Embalmer No. 3077

P. O. Address.....

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.