

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13132
3301
Registrar's No.

FILED APR 20 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS MO.
(c) Name of hospital or institution: 3527 MIAMI ST.
(d) Length of stay: In hospital or institution. 20 YRS
In this community 20 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 11/16
(d) Street No. 3527 MIAMI ST. 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME MATILDA LOUISE MORAN
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Apr 8th, 1944
year 11 20 A. hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct. 14th 1943 to Apr 8th 1944
that I last saw her alive on Apr 8th 1944
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 MARRIED
(b) Name of husband or wife RON VARDAMAN MORAN
(c) Age of husband or wife if alive 68 years
7. Birth date of deceased JULY 15 1879
(Month) (Day) (Year)

Immediate cause of death
Casanary thrombosis
arterio sclerosis
Duration 6 mos 3 yrs.

8. AGE: Years 64 Months 8 Days 23
If less than one day .hr. .min.

Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

9. Birthplace GASCONADE COUNTY MO D
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
12. Name Unknown SCHULTE
13. Birthplace OHIO
14. Maiden name MARY Unknown
15. Birthplace MISSOURI D

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Ron VARDAMAN MORAN
(b) Address 3527 MIAMI ST
17. (a) CREMATION (b) Date thereof APRIL 10 1944
(c) Place: burial or cremation VAHALLA CREMATORY
18. (a) Signature of funeral director Howard F. Rowland
(b) Address 4355 Washington Ave.
19. (a) APR 10 1944 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature H. F. Steier M.D. (M. D. or other)
Address 3606 Leavens Date signed 4/8/44

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 Howard R Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.