

FILED JUL 31 1944

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **5704**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
 (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: **St. Louis City Hospital**  
**Max C. Starkloff Memorial**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days**  
 In this community **0**  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Hebert st. Little Sisters of the Poor**  
**3225 N. 7th Street**  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **JAMES MORAN**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLER**

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

7. Birth date of deceased **JULY 16 1883**  
 (Month) (Day) (Year)

8. AGE: Years **60** Months **11** Days **7** If less than one day hr. min.

9. Birthplace **ST. LOUIS MO. 0**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **PUNCH PRESS OPERATOR**

11. Industry or business

12. Name **MARTIN MORAN**

13. Birthplace **IRELAND 4**  
 (City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH HANLEY**

15. Birthplace **ENGLAND 4**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **MRS. SARAH MORAN**

(b) Address **# 49 WILSHIRE TERRACE-WEBSTER**

17. (a) **BURIAL** (b) Date thereof **6-26-44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **JUN 2 1944** (b) **J. F. Dredel**  
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**  
 year **1944** hour **6:00** minute **A** M.

21. I hereby certify that I attended the deceased from **June 21** 1944 to **June 23** 1944;

that I last saw him alive on **June 23** 1944; and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerotic cardiovascular disease** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **refused**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

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. Dredel** M. D. or other

Address **1515 Lafayette Ave.** Date signed **6/23/44**

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

2  
3  
0  
7823

**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**