. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3522

FILED FEB 13 1945

Registration District No. 579 Primary Registration District No. 6076 Registrar's No. 2923

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 7 Box 583
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Overland (If outside city or town limits, write "RURAL") 0
(d) Street No. Route 7 Box 583 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Moran.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single. 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 30 (Day), 1879. (Year)

8. AGE: Years	Months	Days	If less than one day
65	11	29	hr. min.

9. Birthplace St. Louis, (City, town, or county) 0 Missouri. (State or foreign country)
10. Usual occupation Farm hand.
11. Industry or business
FATHER 12. Name Joseph Moran.
13. Birthplace ? (City, town, or county) 4 Ireland. (State or foreign country)
MOTHER 14. Maiden name Margaret Craig.
15. Birthplace Nashville, (City, town, or county) 1 Tennessee. (State or foreign country)
16. (a) Informant Mr. A. J. Williams.
(b) Address Route 7. Overland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-1945. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) JAN 31 1945 (Date received local registrar) (b) E. L. McLaughlin (Registrar's signature) Clerk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th year 1945 hour 8 minute 20 A. M.
21. I hereby certify that I attended the deceased from Jan. 10th, 1945, to Jan. 29th, 1945, that I last saw him alive on Jan. 28th, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6 hrs.
Due to Chronic Myocarditis	2 yrs.
Due to	
Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)	2 yrs.

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
23. Signature H. T. Goffman M.D. (M. D. or other)
Address Pattonville Mo. Date signed Jan. 29 1945

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4366

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.