

FILED JUL 31 1945

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5553

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Convent of the Good Shepherd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 yrs.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3801 Gravois Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT Sr. Mary of St. Teresa (Elizabeth Moriarty)
FULL NAME

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

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unk. Unk. 1870
(Month) (Day) (Year)

8. AGE: abt - 75 Years Months Days If less than one day
unk. unk. hr. min.

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

10. Usual occupation Religious

11. Industry or business _____

12. Name Timothy Moriarty

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

14. Maiden name Anastasia Moloney

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

16. (a) Informant Sister Mary of St. Thome Xavier

(b) Address 3801 Gravois Ave

17. (a) Burial (b) Date thereof 6-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 3840 Lindell Blvd.

19. (a) JUN 26 1945 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th.,
year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from June 20 to June 25, 1945
that I last saw him alive on June 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer primary Bladder

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 52

Major findings: Of operations _____

Of autopsy _____

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 Joseph Larmore (M. D. or other) 0

Address 37th Washington Ave Date signed 6/26/45

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

17
9

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

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