S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 32205

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9025

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 937 PARK AV. 1 (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

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 937 PARK AV. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY MORAN

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, ~~widowed, married, divorced~~ SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 15 (Day) 1883 (Year)

8. AGE: Years 62 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name PATRICK MORAN
13. Birthplace (City, town, or county) IRELAND (State or foreign country) 4

MOTHER
14. Maiden name ELLEN DONAHUE
15. Birthplace (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Miss Mary Donahue
(b) Address 937 Park av.

17. (a) REMOVAL (Burial, cremation or removal) (b) Date thereof Oct. 19. 45 (Month) (Day) (Year)
(c) Place: burial or cremation Greensburg ~~Greensburgh~~ Ind.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) OCT 1 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1945 hour 11 minute 25 A.M.

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

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) G. Bronchitis

Major findings: Of operations

Of autopsy

Duration

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 C. F. Kloeppel (M. D. or other)

Address 905 Morrison Av. Date signed 10/19/45

(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 Jos B Vollmer

Licensed Embalmer No. 4014

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.