

FILED JUL 30 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1536

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Rural Lemaay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 months 9 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macon
(c) City or town Decatur
(If outside city or town limits, write "RURAL")
(d) Street No. 235 Park Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. CATHERINE MORAN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James J. Moran 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day
75 9 13
hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Jeremiah Leahy

13. Birthplace County Cork Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jones

15. Birthplace County Cork Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Julius J. Moran

(b) Address Decatur, Ill.

17. (a) Removal (b) Date thereof 7-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Decatur, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 7-22-46 (b) E. J. McEvan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19
year 1946 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from May 10
1946, to JULY 19 1946
that I last saw her alive on JULY 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to 83-a-1

Due to _____

Other conditions Cerebral Hemorrhage
(include pregnancy within 3 months of death)
Senility; hypertension and Arterio
sclerosis

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) _____
(a) Means of injury _____

23. Signature P. E. Kutsch (M. D. or other) M.D.

Address 1300 St. Charles Rock Rd. Date signed 7-19-46

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

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