. S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1947

Registration District No. 310

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3058

32213

State File No.

Registrar's No. 173

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 92
(c) City or town "Rural" St. Peters 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Justine Moran

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 5

6. (b) Name of husband or wife John H. Moran, deceased

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

7. Birth date of deceased April (Month) 11 (Day) 1866 (Year)

8. AGE: Years 81 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Weldon Springs (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Hank
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Angeline Prure
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Mr. Fred Wehmeier
(b) Address R.R. 1, St. Peters, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Borromeo Cem St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer + Sons Co
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 10/6/47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1947 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from 9/27/47, 19..., to 9/29, 19..., that I last saw her alive on 9/29, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Impingement of gall stones	1 hr.
Due to: gall stones	?
Due to: Carcinoma of the liver	?
Other conditions: Cirrhosis of liver (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Cholecystitis c. c. liver - carcinoma of GB.
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 0

Signature B. L. Sherbine (M. D. or other)
Address St. Charles, Mo. Date signed 9/30/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 10-8-47
Date Filed

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 Joseph I Landolt

Licensed Embalmer No. #189

P. O. Address St. Charles

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.