

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39473

State File No.

318

1003

9661

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MO		c. LENGTH OF STAY (in this place) 23	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1803^a LAMI		e. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2259	
3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) — c. (Last) MORAN		4. DATE OF DEATH (Month) (Day) (Year) OCT. 31 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC. 4 1888
9. AGE (In years last birthday) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKER	10b. KIND OF BUSINESS OR INDUSTRY So Good PATATO CHIP Co
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN J. MORAN		13b. MOTHER'S MAIDEN NAME ANN FAHEY	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ELIZABETH MORAN ADDRESS 1803^a LAMI	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PNEUMONIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) APLASTIC ANEMIA DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 292. H		22. I hereby certify that I attended the deceased from Sept 4 , 1951, to OCT 31 , 1951, that I last saw the deceased alive on OCT 30 , 1951, and that death occurred at 6:10 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE Willard J. Mack (Degree or title)		23b. ADDRESS 002 1829 S. 17th St St Louis Mo	
23c. DATE SIGNED 10/31/51		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE Nov. 2 1951		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutie ADDRESS 2906 Gravoie	
DATE REC'D BY LOCAL REG. NOV 1 1951		REGISTRAR'S SIGNATURE J. Carl Smith M.D. M.P.	

(Licensed Embalmer's Statement on Reverse Side)

6-16-75
M
[Handwritten signature]

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

James C. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Davis*

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.