

## STANDARD CERTIFICATE OF DEATH

State File No. **10350**  
Registrar's No. **2190**

FILED MAR 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>27 2002 1/2 Cass</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>NORA</b> b. (Middle) c. (Last) <b>MORAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 6, 1952</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>June 10, 1893</b>
9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
13a. FATHER'S NAME <b>James Conlisk</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Burke</b>	
14. NAME OF HUSBAND OR WIFE <b>Thomas Moran</b>		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 <b>May Wadsack</b> <b>2002 1/2 Cass Ave.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEMORRHAGE FROM RT. ILIAC ARTERY</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>PELVIC EVISCERATION OPERATION</b> DUE TO (c) <b>CARCINOMA CERVIX (STAGE IV)</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>1-17-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF CERVIX (STAGE IV)</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>Sept 1951 to March 6, 1952</b>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>171X</b>	
22. I hereby certify that I attended the deceased from <b>12-22-51</b> , 19____, to <b>3-6-52</b> , 19____, that I last saw the deceased alive on <b>3-6-52</b> , 19____, and that death occurred at <b>7:50P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Fred E. Rawlins, M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>3-7-52</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3-10-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis, Mo.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>MAR 7 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Stroot-Carroll</b>		ADDRESS <b>4600 Natural Bridge</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Albert Mayfield*  
Licensed Embalmer No. *3077*

P. O. Address \_\_\_\_\_

**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.