

FILED OCT 11 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33697

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2541

1. PLACE OF DEATH
a. COUNTY Overland
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 6 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION 8918 Apache Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland
d. STREET ADDRESS (If rural, give location) 8918 Apache Lane

3. NAME OF DECEASED
a. (First) Adele b. (Middle) Caroline c. (Last) Moriarty
4. DATE OF DEATH (Month) (Day) (Year) Oct. 1st 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 6th 1899 9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Renick Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank T. Foster 13b. MOTHER'S MAIDEN NAME Parmella Davis 14. NAME OF HUSBAND OR WIFE Wallace Moriarty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wallace Moriarty 8918 Apache Lane

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular Disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X
INTERVAL BETWEEN ONSET AND DEATH 45 min
Several years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-1952 to 10-1-1952 that I last saw the deceased alive on 10-1-1952 and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Martin Richardson DO 23b. ADDRESS 2335 Brown Rd 23c. DATE SIGNED 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/4/52 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG 10-2-52 REGISTRAR'S SIGNATURE Herbert R. Donke MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed. Carroll 2849 N. Euclid Ave.

521 (Licensed Embalmer's Statement on Reverse Side)

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

Dr. P. Richardson
2335 Brown Rd
9480 W.

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 *Francis Williamson*

Signed.....
Student Embalmer

Licensed Embalmer No. *3565*

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.