S. No. 300
v. 10-48

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19712

BIRTH NO. 32690 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4750

0

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hospital 2039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis

d. STREET ADDRESS (If rural, give location) 7068 Tholozan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Baby
b. (Middle) Moriarty
c. (Last) 0

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0
8. DATE OF BIRTH May 10 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Martin Moriarty
13b. MOTHER'S MAIDEN NAME Clementine Lampe
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 ADDRESS Martin Moriarty 7068 Tholozan Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 6 mo pregnancy

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 776X

22. *I hereby certify that I attended the deceased from* 5-10, 1953, *to* 5-10-, 1953, *that I last saw the deceased alive on* 5-10-53 19__, *and that death occurred at* 9:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Walter H Spoeneman MD
23b. ADDRESS 1515 St Louis
23c. DATE SIGNED 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/11/53
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. MAY 11 1953
REGISTRAR'S SIGNATURE J Carl Smith MD MDS
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's 2849 N. Euclid Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.