

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44387

FILED JAN 5 1954

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11995**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>LIFE</b>	c. CITY OR TOWN <b>ST. LOUIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY-HOSPITAL #1.</b>		e. STREET ADDRESS (If rural, give location) <b>10 4100 A LEXINGTON - AV. 2109</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>HENRY</b> c. (Last) <b>MORAN.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 19<sup>TH</sup> 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 13<sup>TH</sup> 1874</b>
9. AGE (In years) <b>79 YRS.</b> If UNDER 1 YEAR Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS - MO.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-AWNING-MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AWNING-IND.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>MICHAEL - MORAN</b>	
13b. MOTHER'S MAIDEN NAME <b>ANNIE - IVERS</b>		14. NAME OF HUSBAND OR WIFE <b>ANNIE - MORAN.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Annie Moran</b>		ADDRESS <b>4100 A Lexington 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>Lobar Pneumonia, Multiple</b> ANTECEDENT CAUSES <b>Fractures, suffered when struck by car operated by one Bates Wilson at intersection of Clay and Natural Bridge Ave., about 5:05 pm.</b> 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 <b>Dec 14 1953</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 14 53 5:05</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>F8124</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at <b>12:05 A.M.</b> , from the causes and on the date stated above. <b>20</b>	
22a. SIGNATURE <b>Patrick F. Taylor</b>		22b. ADDRESS (degree or title) <b>Coroner 1300 Clark</b>	
22c. DATE SIGNED <b>12 21 53</b>		23. NAME OF CEMETERY OR CREMATORY <b>CALVARY-CEMETERY.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>DEC. 22 - 1953</b>	
23c. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>		24. NAME OF CEMETERY OR CREMATORY <b>CALVARY-CEMETERY.</b>	
24a. DATE REC'D BY LOCAL REG. <b>DEC 21 1953</b>		24b. REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
24c. FUNERAL DIRECTOR'S SIGNATURE <b>W.A. Brockland</b>		24d. ADDRESS <b>Und. G. 1827-HOGAN-ST.</b>	

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

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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.....  
Signature of Student Embalmer

Signed..... *W. W. Wilkerson*

Licensed Embalmer No..... 357

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.