

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44786**

FILED JAN 11 1954

BIRTH NO. 94703 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3342

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Normandy	c. LENGTH OF STAY (in this place) 53 minutes	c. CITY (If outside corporate limits, write RURAL and give township) Ferguson	d. STREET ADDRESS (If rural, give location) 133 Henquin Drive
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital		3. NAME OF DECEASED a. (First) BABY BOY b. (Middle) MORIARITY c. (Last) MORIARITY	
4. DATE OF DEATH 12 28 53	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 12-28-53	9. AGE (in years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Normandy, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME George Patrick Moriarity	13b. MOTHER'S MAIDEN NAME Alene Elizabeth Christenson
13c. NAME OF HUSBAND OR WIFE None	14. SOCIAL SECURITY NO. NONE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. INFORMANT'S SIGNATURE OR NAME GEORGE PATRICK MORIARITY
17. ADDRESS 133 HENQUIN DR.	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neovascular</u>	19. MEDICAL CERTIFICATION FERGUSON MO.	INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compressed Card</u>	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 checked="" type="checkbox"/>	21. ACCIDENT SUICIDE HOMICIDE (Specify)
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 7620 (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?	22. I hereby certify that I attended the deceased from Dec 28, 1953 , to Dec 28, 1953 , that I last saw the deceased alive on Dec 28, 1953 , and that death occurred at 9:25 AM. , from the causes and on the date stated above.	23a. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS Ferguson Mo.
23c. DATE SIGNED 12-28-53	24. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12/29/53	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Donke H.D.	25. ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE	DATE REC'D BY LOCAL REG. 12-29-53

WRITE PLAINLY—USING UNFADING BLACK INK

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.

Not Embalmed
Signed M. W. Ruster

Student
Student Embalmer

Licensed Embalmer No. 4865

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.