

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **6345**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 1-WK.	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) 19 4343 Laclede Ave. 21990	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) N. c. (Last) Moynihan	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1954
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Sept. 9, 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 4	Hours 4	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfg. Representative	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Buffalo, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John R. Moynihan	13b. MOTHER'S MAIDEN NAME Jane Macanally	14. NAME OF HUSBAND OR WIFE Mrs. Miriam S. Moynihan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. World War # 1	17. INFORMANT'S SIGNATURE OR NAME Mrs. Miriam S. Moynihan	ADDRESS 4343 Laclede Ave.
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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		INTERVAL BETWEEN ONSET AND DEATH 6-7 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 201X
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22. I hereby certify that I attended the deceased from **3-15-54**, 19**54**, to **7-13-54**, 19**54**, that I last saw the deceased alive on **7-12-54**, 19**54**, and that death occurred at **8 a.** m., from the causes and on the date stated above.

23a. SIGNATURE Carl Keis M.D.	23b. ADDRESS 1817 Ferguson Highway	23c. DATE SIGNED 7-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 16, 1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. JUL 13 1954	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	FEDERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 2840 Lindell Blvd.
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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 me..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. [Signature].....

P. O. Address [Signature].....

**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.**