

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43854
State File No. 11198

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO</u>		c. CITY OR TOWN <u>4360</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. BAPTIST Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>8328 RICHARD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VINCENT P.</u> b. (Middle) _____ c. (Last) <u>MORAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 7 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 11 1915</u>	9. AGE (In years last birthday) <u>39</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BERRY-WEHMLER MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BERRY-WEHMLER MISSOURI</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>JOHN MORAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HEMMEN</u>	14. NAME OF HUSBAND OR WIFE <u>JEANETTE MORAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>YES WAR II</u>	16. SOCIAL SECURITY NO. <u>WAR II</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JEANETTE MORAN</u>	ADDRESS <u>8328 RICHARD</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension and cerebral arteriosclerosis</u>		<u>10 years</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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331x</u>
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22. I hereby certify that I attended the deceased from Nov 28 1954, to Dec 6, 1954, that I last saw the deceased alive on Dec 6, 1954, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Warren M. Foreman MD.</u>	23b. ADDRESS <u>457 N. Kingshighway St. Louis, MO</u>	23c. DATE SIGNED <u>Dec 8, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>DEC 10 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM. JEFFERSON BARRACKS MO</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO</u>
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DATE REC'D BY LOCAL REG. <u>DEC 8 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis 2906 Geary's</u>	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *Samuel C. Hill*.....

Licensed Embalmer No. *4349*.....

P. O. Address *2916 Dan*.....

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.