

No. 300
10.48

2887

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **116**

FILED JAN 17 1956

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

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: De Paul Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 4744 Plover Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) ANN b. (Middle) E. c. (Last) MORIARITY	4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1956
--	--

5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 15 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
----------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Ceinnell Plumbing	11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME Michael L. Moriarity	13b. MOTHER'S MAREN NAME Julia Gibbons	14. NAME OF HUSBAND OR WIFE NONE
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 492-03-1506	17. INFORMANT'S SIGNATURE OR NAME Thos. R. Moriarity	ADDRESS 4808 Anderson Rd.
--	--	---	----------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Centenarialeth caran proe aie		INTERVAL BETWEEN ONSET AND DEATH 2 days with another 2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Constructive pericarditis heart failure		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. pulmonary occlusion		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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)	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 **2-22, 1955**, to **1-3, 1956**, that I last saw the deceased alive on **1-2, 1956**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wayne D. Goble (Degree or title)	23b. ADDRESS 2139 N. Grand	23c. DATE SIGNED 1-5-57
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan. 6 1956	24c. NAME OF CEMETERY OR CREMATORY Cathey Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. JAN 5 1956	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE John Skypae & Son	ADDRESS 554 Riverview Bl
--	---	---	---------------------------------

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..... *J.W. Rister*

Licensed Embalmer No. *3980*

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.