

FILED SEP 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30269

STATE FILE NUMBER

Registration District No. 317Primary Registration District No. 541Registrar's No. 2064

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Louis County Hospital		Length of stay in lb 2/9	
d. STREET ADDRESS 4343 Laclede Ave.		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John R. Moynihan			4. DATE OF DEATH Month Day Year August 18, 1957
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1935
9. AGE (In years last birthday) 21		IF UNDER 1 YEAR Months Days 8 14	IF UNDER 24 HRS. Hours Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Western Electric		10b. KIND OF BUSINESS OR INDUSTRY Electric	11. BIRTHPLACE (City and state or country) New York City, N.Y.
13a. FATHER'S NAME Robert N. Moynihan		13b. MOTHER'S MAIDEN NAME Miriam Stanley	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 date of service) Yes 1/26/55-7/31/1956		16. SOCIAL SECURITY NO. 492-32-7991	17. INFORMANT Address Mrs. Mirian Stanley Moynihan, 4343 Laclede Ave
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple internal injuries compatible with automobile accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in car, of which driver lost control	
20c. TIME OF INJURY Hour Month, Day, Year 2:15 a.m. 8/18/57		while traveling at high rate of speed and being pursued by Police Officer	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road	
20f. CITY, TOWN, OR LOCATION Rural		COUNTY STATE St. Louis Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Raymond H. Ham</i> Coroner		22b. ADDRESS Clayton, Mo.	
22c. DATE SIGNED 8/26/57			
23a. DATE August 21, 1957		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23b. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri			
24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i> ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 8-19-57	
26. REGISTRAR'S SIGNATURE <i>Herbert B. Donnell MD</i> asc			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 W. H. Sargent

Licensed Embalmer No. 469

P. O. Address 3840

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.