THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007468
STATE FILE NUMBER
2 1934

FILED MAR 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No	c. CITY OR TOWN St.Louis — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City Hospital D.O.A. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3821 Westminster P. — Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)	First: Frank	Middle: J.	Last: Moran	4. DATE OF DEATH	Month: Feb.	Day: 24	Year: 1959
5. SEX: M.	6. COLOR OR RACE: W.	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH: May 18, 1892	9. AGE (In years last birthday): 66	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Wymore, Neb.	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Michael Moran		14. MOTHER'S MAIDEN NAME: Delia Murray					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War # 1	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Golda H. Moran	Address: 3821 Westminster Place				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c) 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from ..... to ..... and last saw her/him alive on .....
Death occurred at 4:40 A.m. on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title): Salvus G. Long M.D.	22b. ADDRESS: 1500 Clara	22c. DATE SIGNED: 2/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Feb. 27, 1959	23c. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery	23d. LOCATION (City, town, or county) (State): East St. Louis, Ill.
24. FUNERAL DIRECTOR: Arthur J. Donnelly	ADDRESS: 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG.: FEB 24 '59	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm S Salgen

Licensed Embalmer No. 4

P. O. Address 3840 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.