

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004601

FILED VS. FEB 15 1960 317

Primary Registration District No. 500

Registrar's No. 329

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellefontaine Neighbors		Length of stay in 1b 3yrs	c. CITY OR TOWN Bellefontaine Neighbors
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9305 Laramie Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9305 Laramie Dr.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Moran Last Moran			4. DATE OF DEATH Month January Day 30 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/29/83	9. AGE (last birthday) 76yrs	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Michael Noonan		13b. MOTHER'S MAIDEN NAME Johanna Shelly		14. NAME OF HUSBAND OR WIFE unk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-05-7395		17. INFORMANT Address Josephine Hurley 9305 Laramie Dr.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Generalized		INTERVAL BETWEEN ONSET AND DEATH 18 Mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of Rt Breast		2 yrs.
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **April 1958** to **Jan 30/60** and last saw her alive on **Jan 21 1960**
Death occurred at **St Louis Mo Jan 30 1960** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John B. Morrell</i>	(Degree or title)	22b. ADDRESS 3720 Washington St	22c. DATE SIGNED Jan 30/60
23. BURIAL CREMATORY Burial	23b. DATE 2/2/60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Morrell	ADDRESS 3710 N. Grand Bl.	25. DATE RECD. BY LOCAL REG. 2-1-60	26. REGISTRAR'S SIGNATURE <i>John B. Morrell</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address St. Louis

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.