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|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY                                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |   | Length of stay in 1b<br><b>11 1/2 mo.</b>   | c. CITY OR TOWN <b>St. Louis</b>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>Chronic Hosp.</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>5228 Delmar</b>  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>John</b> Middle <b>Joseph</b> Last <b>Moriarty</b>  |   | 4. DATE OF DEATH<br>Month <b>9</b> Day <b>7</b> Year <b>60</b>  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-26-98</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Steam fitter helper</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Mo. St. Louis, Mo.</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>William Moriarty</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Bunnian</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Margaret</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>yes W.W.II</b>   |   | 16. SOCIAL SECURITY NO.<br><b>489-09-4812</b>   | 17. INFORMANT Address<br><b>Margaret Moriarty 5258 Delmar</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bilateral Bronchopneumonia</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>491x</b>  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Generalized Arteriosclerosis - 11 1/2 mo.</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <b>9-24-59</b> to <b>9-7-60</b> and last saw her/him alive on <b>9-7-60</b><br>Death occurred at <b>1:09 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>John W. Beckham, M.D.</b>  |   | 22b. ADDRESS<br><b>5800 Arsenal</b>   | 22c. DATE SIGNED<br><b>9/8/60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   | 23b. DATE<br><b>9-9-60</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Jefferson Barracks, Mo.</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Albert H. Hoppe, Inc. 4700 Washington</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>SEP 8 1960</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith, M.D.</b>   |

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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed                     Melvin L. King                    

Licensed Embalmer No.                     405                    

P. O. Address \_\_\_\_\_

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.