ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037475
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 105

AMENDED

FILED OCT 18 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL MERAMEC — Length of stay in 1b: 5 MOS - 6 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOSEPH'S HILL INFIRMARY — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY:
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6330 SUTHERLAND — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First THOMAS Middle LEONARD Last MORIARITY

4. DATE OF DEATH: Month OCTOBER Day 12 Year 1961

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-25-1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: DECATUR CARTAGE CO. TRAFFIC MANAGER
11. BIRTHPLACE (City and state or country): LEBANON MO.
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: MIKE MORIARITY
13b. MOTHER'S MAIDEN NAME: JULIA GIBBONS
14. NAME OF HUSBAND OR WIFE: MINNIE E. BUDDE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT: BROTHER LEONARD, ST. JOSEPH'S HILL INFIRMARY — Address: EUREKA, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 5 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS WITH CARDIOVASCULAR
DUE TO (c): AND CEREBRAL INVOLVEMENT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): OLD CEREBROVASCULAR ACCIDENT.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 5/6/61, to 10/12/61 and last saw him alive on 10/6/61
Death occurred at 3.00 am 10/12/61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick C. Hogan M.D.
22b. ADDRESS: 2623 Telegraph Rd St Louis 25 Mo
22c. DATE SIGNED: 10/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL (MTR)
23b. DATE: 10-16-1961
23c. NAME OF CEMETERY OR CREMATORY: ST. PETER'S CEMETERY
23d. LOCATION (City, town, or county) (State): KIRKWOOD, MO.

24. FUNERAL DIRECTOR ADDRESS: KRIEGSHAUSER 4228 S. KINGSHIGHWAY
25. DATE RECD. BY LOCAL REG.: 10-16-61
26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1961

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 William B White

Licensed Embalmer No. 4291

P. O. Address 422 8th Kingsbury

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.