No. 2
1-4-41
-17-39
X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39422

FILED DEC 1 1941

Registration District No. 1864 Primary Registration District No. 106 Registrar's No. 2340

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Kirkwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
17 Ponca Trail, Kirkwood, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 91

(c) City or town Kirkwood. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 17 Ponca Trail. 3
(If rural, give location) 0

(e) Citizen of foreign country?.....(Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Sadie A. Moran.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife John M. Moran. 6. (c) Age of husband or wife if alive.....years

7. Birth date of deceased July (Month) 14, (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	4	...hr. ...min.

9. Birthplace St. Louis. (City, town, or county) Mo // (State or foreign country)

10. Usual occupation At Home.

11. Industry or business.....

FATHER
12. Name Thomas Greaves.
13. Birthplace England. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace Dont Know. (City, town, or county) ? (State or foreign country)

16. (a) Informant Raymond A. Moran.
(b) Address 17 Ponca Trail.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) NOV 19 1941 (Date received local registrar) (b) C. L. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th.
year 1941 hour 8. minute 10 A. M.

21. I hereby certify that I attended the deceased from 10-16-41, 19..., to 11, 19...;
that I last saw h..... alive on 11-18, 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death	Cerebral Hemorrhage	Duration
Due to	Hypertension	
Due to		
Other conditions (Include pregnancy within 3 months of death)	—	

Major findings:
Of operations —
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence —
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? — (Specify type of place) (e) Means of injury.....

23. Signature P. B. Cappel M.D. (M. D. or other)
Address 3264 Gravois Ave. Date signed 11-19-41

101

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.