

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017739

STATE FILE NUMBER

FILED VS. APR 22 1960 317

Primary Registration District No. 547

Registrar's No. 1174

INDEXED

|  |   |   |                                      |  |   |  |                              |
|--|---|---|--------------------------------------|--|---|--|------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |   |   |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b> |   |  |                              |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Richmond Heights</b>   |   | Length of stay in 1b<br><b>8 days</b>   |                                      | c. CITY OR TOWN <b>Bridgeton</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Mary's</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                      | d. STREET ADDRESS (If outside, give location)<br><b>11501 Natural Bridge</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                              |
| 3. NAME OF DECEASED (Type or print)<br>First <b>LAWRENCE</b> Middle <b>JOSEPH</b> Last <b>MORAN</b>  |   |   |                                      | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>7</b> Year <b>1960</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>3/21/1909</b> | 9. AGE (last birthday)<br><b>51</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min. |  | IF UNDER 24 HR<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Contractor</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Paving</b>  |                                      | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                              |
| 13a. FATHER'S NAME<br><b>Thos. J. Moran</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret McCarthy</b>   |                                      | 14. NAME OF HUSBAND OR WIFE<br><b>Adele Addor</b>  |   |  |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>496-14-7880</b>   |                                      | 17. INFORMANT<br><b>Mrs. Adele Moran</b> Address <b>11501 Natural Bridge</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>Tumor of Brain, Astrocytoma</b><br>DUE TO (b)<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |                                      |  |   | INTERVAL BETWEEN ONSET AND DEATH   |                              |
| 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.<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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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>Apr 1 1960</b> to <b>Apr 7 1960</b> and last saw her alive on <b>Apr 7 1960</b><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |                                      |  |   |  |                              |
| 22a. SIGNATURE<br><b>W H Olmsted MD</b> (Degree or title)  |   | 22b. ADDRESS<br><b>3720 Washington</b>  |                                      | 22c. DATE SIGNED<br><b>7/8/60</b>  |   |  |                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>4/11/60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |                                      | 23d. LOCATION (City, town, or county)<br><b>St. Louis Mo.</b>  |   |  |                              |
| 24. FUNERAL DIRECTOR<br><b>William Kelly</b> ADDRESS <b>7267 Natural Bridge</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>APR 9 1960</b>   |                                      | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy MD</b>  |   |  |                              |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Black Book - The Body for*

*ST*

**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

*James A. Lamm*

Licensed Embalmer No. *414*

P. O. Address *St Louis*

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