

CERTIFICATE OF DEATH

STATE FILE NUMBER  
**124 72 201312**

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

9. **90**  
10a. **29**  
10b. **570**  
11. **3875**  
12. **20B**  
13. **0**  
14.  
15. **450 X**  
16.  
17.  
18.  
19. CREDITS  
20.

4.

5.

**DECEASED**

USUAL RESIDENCE  
WHERE DECEASED  
LIVED, IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

**610152**

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

Registration District No. Primary Registration District No. Registrar's No.

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
JOH N MORETON			MALE	FEBRUARY 6, 1972		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
White		82	Jan. 21 1890			
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
St. Louis		CITY HOSPITAL, 1515 LAFAYETTE				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
Italy		Italy	Never Married		NONE	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
487-36-6784		Retired Handy Man		Handy Man		
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		
Missouri		St. Louis		3225 N. Florissant Ave.		
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
Gasper Moreton			Josephine Trevison			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
Sister Mildred			32 25 No. Florissant Ave.			
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) CARDIAC & RESPIRATORY ARREST						
(b) POSSIBLE MYOCARDIAL INFARCT						
(c) POSSIBLE PULMONARY EMBOLISM						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
			No		No	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
				No		
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	IF DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
I ATTENDED THE DECEASED FROM FEB. 1, 1972 TO FEB. 6, 1972				FEB. 6, 1972		3:30A M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR		HOUR
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
Dr. Jesue Dominguez						2-7-72
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP
		1515 LAFAYETTE		ST. LOUIS		MO. 63104
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
Burial		Calvary Cemetery		St. Louis, Missouri		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		
Feb. 9, 1972		A. J. Donnelly 3840 Lindell St. Louis, Mo. 63108				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
Francis Williams		William B. Bontz		FEB. 8 1972		

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 Geo J Budd

Licensed Embalmer No. 3989

P. O. Address St Louis, Mo

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.