

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

9720

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 2259
St..... Ward.....

2. FULL NAME

Mattias Moring (Moring)
(a) Residence. No. 5361 Minerva St., 6 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliz Landgraff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 - 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 6 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work stable man
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Jersey farm dair

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary

14. INFORMANT Mattias Moring
(Address) 5361 Minerva

15. FILED May 6 Starceoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7-1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1927, to March 8, 1927, and that I last saw him alive on Jan 27, 1927, and that death occurred, on the date stated above, at 1230 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxy
cardiac hemorrhage
(duration) 2 mos 2

CONTRIBUTORY (SECONDARY) 74a

18. WHERE WAS DISEASE CONTRIBUTORY? IF NOT AT PLACE OF DEATH?

8. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. F. Fisher, M. D.

March 8, 1927 (Address) 2310 Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
St Peter Paul Cem mar 9 1927

20. UNDERTAKER ADDRESS
Thos J Finan 1879 S Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

