MAR 26 1928

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

Do not use this space.

6237

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 189

Township: Carondelet — Primary Registration District No.: 6038 B

City: ~~St. Louis~~ Vasser (No.: 6135, Wagner Ave — St. ..... Ward)

File No.: 26

Registered No.: 26

2. FULL NAME: Catherine Moran

(a) Residence. No.: 6135 Wagner Av St., ... Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): widowed

5A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: John Moran

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby. 6 – 1855

7. AGE: Years 72 — Months 73 11 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): New York (STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: unknown

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

12. MAIDEN NAME OF MOTHER: unknown

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

14. INFORMANT: Mrs. E. Stone (Address): 6135 Wagner Av

15. FILED: 2/8, 1928 Della Drury, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby. 5 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 1926, to Feb. 5, 1928, that I last saw her alive on Feb 4, 1928, and that death occurred, on the date stated above, at 9.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstitial nephritis

131

93C / 290

(duration) 8 years ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. A. Fisher, M. D

2/1, 1928 (Address) 5908 Easton Av.

*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: Calvary Cemetery — DATE OF BURIAL: Feby 8th 1928

20. UNDERTAKER: Cullinane Bro. — ADDRESS: 7108 Gravois Ill.

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.

...WRITE WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

5988 Eastern Ave

9 to 1
6 to 8