

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

Do not use this space.

15304  
15573

**1. PLACE OF DEATH**

County..... Registration District No. 791  
1003  
Township..... Primary Registration District No. ....  
City St. Louis (No. 5600) Arcene

File No. ....  
Registered No. 4520  
St. 8 A. Ward

**2. FULL NAME**

John Moran  
(a) Residence. No. 3751<sup>1/2</sup> S. Broadway St. 24 Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 - 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
19 ~~28~~ 10 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Shoemaker  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Moran

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

12. MAIDEN NAME OF MOTHER Mary Surman

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

14. INFORMANT Mrs. J. Moran Williams  
(Address) 3751 S. Broadway

15. FILED 26 May 1928  
RECEIVED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 25 1928

17. I HEREBY CERTIFY That I attended deceased from April 22, 1928 to Apr - 25, 1928  
that I last saw him alive on April 25, 1928, and that death occurred, on the date stated above, at 4:00 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Meningitis, Simple due to  
Influenza Bacillus

1110 (duration) 0 yrs. 0 mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Mastoiditis, Acute  
Chc. Media, Acute (duration) 0 yrs. 0 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? 3751<sup>1/2</sup> S. Broadway

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 4/24/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory  
(Signed) George H. Garrison, M. D.  
4/25, 1928

**ISOLATION HOSPITAL**  
\*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 4-27-1928

20. UNDERTAKER Weick Bros 2201 So Grand Bl ADDRESS

K. 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 IN INK, WITH UNFADING INK---THIS IS A PERMANENT RECORD

