

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

Do not use this space.

31993

**1. PLACE OF DEATH**

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.**

(No. **1600<sup>a</sup>** So. 12<sup>th</sup> St.

File No. ....

**9253**

Registered No. ....

St. ....

Ward) .....

**2. FULL NAME**

**Edward Moran**

(a) Residence. No. **1600<sup>a</sup>** So. 12<sup>th</sup> St. St. **23** 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**

**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**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Mar. 6 - 1846**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

**82**

**6**

**7**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**United Railway**

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

**Track Man**

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Ireland**

**10. NAME OF FATHER**

**Unknown**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Ireland**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Ireland**

**14.**

INFORMANT

(Address)

**Thanna Moran  
1600<sup>a</sup> So. 12<sup>th</sup> St.**

**15.**

FILED

19

**May C Starkey  
REGISTRAR**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**Sept. 13 - 1928**

**17.**

I HEREBY CERTIFY, That I attended deceased from **Sept 10**, 1928, to **Sept 13**, 1928, that I last saw him alive on **Sept 13**, 1928, and that death occurred, on the date stated above, at **Miss P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Cerebral hemorrhage  
Apoplexy**  
(duration) yrs. mos. **4** ds.

**CONTRIBUTORY (SECONDARY)**

**hypertension chronic**  
(duration) **2 1/2** yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

**NOT AT PLACE OF DEATH**  
Place of death  
DID AN OPERATION PRECEDE DEATH? **No.** DATE OF  
WAS THERE AN AUTOPSY? **No.**  
WHAT TEST CONFIRMED DIAGNOSIS? **Physical signs**

(Signed) **[Signature]**, M. D.  
**9/14**, 1928 (Address) **505 University Club Bldg.**

\*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

**New St. Marcus**

**9-17-1928**

**20. UNDERTAKER**

ADDRESS

**Ziegenhein Bros. 2623 E. Newham**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. E.—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.

