

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

Do not use this space.

42044

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township Richmond 175th Mo

Primary Registration District No. 6248th

City Richmond 175th Mo

St. Marys Hosp.

File No. _____
Registered No. 319
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3712^{1/2} No Newstead Ward _____

(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

Anna E. Moran

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

Aug 13 - 1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

64

4

14

8. OCCUPATION OF DECEASED

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

Painter

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

Business

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

John Moran

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland.

12. MAIDEN NAME OF MOTHER

Bridget Fox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14. INFORMANT

Anna E. Moran
(Address) 3712^{1/2} No Newstead

15. FILED

12/30, 1929 E. P. Jessen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 24th, 1929, to Dec 27th, 1929
that I last saw h. alive on Dec 27th, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

abscess of cerebellum
99A
78A (duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Otitis media
(duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) J. Gallagher, M. D.

1708 1929 (Address) 311-313 W. 11th 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

Calvary 12/31, 1929

20. UNDERTAKER

ADDRESS

Muller and Co Delmar

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.

RECORD

1930

6

15

