

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

Do not use this space.

6545

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 7003  
City St. Louis, Mo. (No. Sanitarium)

File No. ....  
Registered No. 1360  
St. .... Ward)

**2. FULL NAME**

Willies Moran  
(a) Residence No. 5 N. Channing St. 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 25 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>about 50</u>				

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Lynn  
(STATE OR COUNTRY) Massachusetts

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W.R. Summers  
(Address) 5400 Arsenal

15. FILED 19 Mar 2 1931 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 28<sup>th</sup>, 1929, to Feb. 5<sup>th</sup>, 1930.  
that I last saw him alive on Feb. 5<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 7:10 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

85 Cerebral Apoplexy  
34 82A (duration) yrs. mos. ds.  
CONTRIBUTORY General Paralysis of the  
(SECONDARY) Brain, Syphilis (duration) yrs. 3 mos. 9 ds. +

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? No. DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Chinical & Wasserman  
(Signed) W.R. Summers, M. D.  
45, 1930 (Address) 5400 Arsenal

\*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 Washington Park DATE OF BURIAL 7/10 1930

20. UNDERTAKER Peoples Und. Co. ADDRESS 3100 Franklin

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

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.

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