

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

Do not use this space.

8322

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **4515 Gibson**)

File No.....

Registered No. **2718**

St.

Ward

2. FULL NAME

(a) Residence. No. **Mary Freeman 4515 Gibson St. 18** 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 **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 **Patrick**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 25 1847**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 6 2

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **Henry Moran**

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

12. MAIDEN NAME OF MOTHER **Margaret McHarty**

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

14. INFORMANT **Miles Moran** (Address) **4515 Gibson**

15. FILED **WAR** 19 **1931** **W. C. J. J.** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 27 1931**

17. I HEREBY CERTIFY, That I attended deceased from **July 8**, 19**20**, to **Feb 27**, 19**31** that I last saw her alive on **Feb 26**, 19**31**, and that death occurred, on the date stated above, at **7:15 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
Chronic Myocarditis
(duration) **10** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Senility**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Home**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? **All Clinical Tests**
(Signed) **J. Anthony Brennan**, M. D.

(Address) **4277A Mandeville**

*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** DATE OF BURIAL **Mar 2 1931**

20. UNDERTAKER **William Kelly** ADDRESS **4524 Easton**

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.

12-7-1914