

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

Do not use this space.

13934

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1000R  
City St. Louis, Mo. (No. 5351 Delmar)

File No.....  
Registered No. 3222  
St..... Ward.....

**2. FULL NAME**

Sarah J. Moir  
(a) Residence, No. 5351 Delmar St. 12 Ward.....  
(Usual place of abode Marion Home (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm W. Moir</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 28 - 1858</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Don't know</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
MOTHER	13. NAME <u>Mathew H. Fraser</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York City</u>	
	15. MAIDEN NAME <u>Ketty L. Merritt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York City</u>	
17. INFORMANT (ADDRESS) <u>Mrs. W. Walker 3751 Delmar St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Callemountain</u> DATE <u>April 2, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Alexander &amp; Sons 519 1/2 Delmar St. Louis</u>		
20. FILED <u>APR - 6 1932 Delmar St. Louis</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1932, to April 1, 1932.  
I last saw h. alive on Mar 31, 1932 Death is said to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia Date of onset 2 days  
108 / 108  
730 / 108  
Other contributory causes of importance:  
Chronic Nephritis 6 mos.

Name of operation..... Date of.....  
What test confirmed diagnosis Phys Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
no

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Lobar pneumonia M. D.  
(Signed) 508 N. Grand Blvd.  
(Address) 508 N. Grand Blvd.

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.

