

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24633

1. PLACE OF DEATH

County..... Registration District No. 2791

Township..... Primary Registration District No. 2203

City St. Louis (No. City Hospital)

2. FULL NAME

(a) Residence, No. 1742 So. 3rd Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-18847. AGE YEARS 48 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Perry County (STATE OR COUNTRY) Missouri13. NAME Jacob Moran14. BIRTHPLACE (CITY OR TOWN) mo (STATE OR COUNTRY)15. MAIDEN NAME Catherine mtk.16. BIRTHPLACE (CITY OR TOWN) mo (STATE OR COUNTRY)17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (ADDRESS) Louis H. Bopp20. FILED July 24 1932

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st. 193222. I HEREBY CERTIFY, That I attended deceased from July 19th. 1932 to July 21st. 1932I last saw him alive on July 21, 1932 Death is saidto have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Embolus
92C
92B
115B
95C

Other contributory causes of importance:

Chr. Myocarditis
Stomatitis ①

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) Maurice A. Decker M. D.(Address) City Hospital

Registrar

