

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.

8050-1

APR 17 1935

1. PLACE OF DEATH

County... *St. Louis* Registration District No. *54*
Township... *W. 10th* Primary Registration District No. *549B*
City... *St. Louis* (No.) St. Ward)

File No.
Registered No. *3*

2. FULL NAME

Wm Emory Mouraw

(a) Residence. No. St. Ward.
(Usual place of abode) (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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 28-1883*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
97 11 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Prin. Geo Co*
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Lloyd Mouraw*

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

12. MAIDEN NAME OF MOTHER *Bella Simpson*

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

14. INFORMANT *Robert Mouraw*
(Address) *Monahan mo*

15. FILED *mds 1935 J Miller* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 4 1935*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
There was no physician called. He died suddenly & appears suicidal
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *1/10/35* DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)....., M. D.
, 19 (Address)

*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 *Stone Chapel* DATE OF BURIAL *3/16 1935*
20. UNDERTAKER *J Lemartz* ADDRESS *Monahan mo*

222

520

1875

1875

1875

1875

1875