

JUN 12 1935

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

Do not use this space.

18014

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Missouri** (No. **U.S. Marine Hospital, 3640 Marine Ave.** St. **10** Ward)

File No.
Registered No. **4334**

2. FULL NAME **Thomas J. Moran**

(a) Residence, No. **4125-A, West Kosmuth** St., **10** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **48** yrs. **7** mos. **6** 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) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 6, 1886**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
48 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mate**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Aboard River Steamers**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **Unknown**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Thomas Moran**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Mass.**

15. MAIDEN NAME **Mary Loftus**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Ireland**

17. INFORMANT (ADDRESS) **Green Pinkster 3640 Marine Ave., St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Galvany** DATE **May 15, 1935**

19. UNDERTAKER (ADDRESS) **Bessie H. ... 1138 - 22 65 St.**

20. FILED BY **14 1935** Registrar **J. J. ...**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 12, 1935**, 19
22. I HEREBY CERTIFY, That I attended deceased from **May 6, 1935**, 19... to **May 12, 1935**, 19...
I last saw h. **im** alive on **May 12, 1935**, 19... Death is said to have occurred on the date stated above, at **4:45 PM**
The principal cause of death and related causes of importance were as follows:
Hemorrhage, cerebral **May 6, 1935**

Other contributory causes of importance:
Hypertension of artery **Unknown**

Name of operation **None** Date of
What test confirmed diagnosis? **Clinical and Laboratory** Was there an autopsy? **No**

23. If death was due to external causes (violence), list in also the following: Accident, suicide, or homicide? Date of injury 19... **No**
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? **No**
If so, specify

(Signed) **J. T. Delougherty** M. D.
(Address) **U.S. Marine Hospital, St. Louis, Mo.**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A VITAL 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.

