

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

Do not use this space.

JUN 27 1935

**791
1008**

21272

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Forest Park Hotel)

File No.....
Registered No. **5207**
St. Ward)

2. FULL NAME

Chas. A. Moreno
(a) Residence, No. Forest Park Hotel 12 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susanne W. Moreno
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 -

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction
10. Date deceased last worked at this occupation (month and year) Jan. 1934 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ga

MOTHER FATHER
13. NAME Theo Moreno

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pensacola Fla.

15. MAIDEN NAME Virginia Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pensacola Fla.

17. INFORMANT Theo Moreno (ADDRESS) 24 Brentwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE June 17, 1935

19. UNDERTAKER Alchander & Sons (ADDRESS) 6195 Delmar

20. FILED JUN 15 1935 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1935

22. I HEREBY CERTIFY That I attended deceased from Living 1927, to June 14, 1935

I last saw h.i.m. alive on June 14, 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Acute Cardiac Failure
no definite disease of heart
Date of onset 1-11-35

Other contributory causes of importance: 59

Diabetes
Artery sclerosis
Uremia
Hypertrophy of prostate
Name of operation None Date of operation None

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? No
If so, specify David Berford Stutzman, M. D.
(Signed) 234 University Club Bldg. (Address)

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.

Atkinson

Dr J B Atkinson

Bill 234-235-

2/4