

FEB 11 1936

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

Do not use this space.

41992

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No.....
City..... (No. East Route Christian Hospital St. Ward)

File No. 83

Registered No.

2. FULL NAME Edward Moran

(a) Residence, No. 4163 Beck 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Elsie Moran</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 24, 1902</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>33</u>	<u>0</u>	<u>2</u>	

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

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

MOTHER FATHER 13. NAME James Moran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER 15. MAIDEN NAME Emma Breshake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Mrs. E. Sue Moran 4163 Beck St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE Jan 4, 1936

19. UNDERTAKER (ADDRESS) Goodhart & Goodhart 2238 St. Louis Ave

20. FILED 9 F. Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Internal Hemorrhage from Ruptured Spleen; received in a collision between two automobiles in St. Louis, Mo.

Other contributory causes of importance: Deceased was driving one of the automobiles

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

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accid. Date of injury 12/31, 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Collision between two autos

Nature of injury Ruptured Spleen

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Harold S. Puffer, M.D.

(Address) St. Louis, Mo.

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.

MAKING RESERVED FOR BINDING

V. NO. 2 1098-11-24-32

