

JAN 23 1936

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

Do not use this space.

42062

1. PLACE OF DEATH

County St. Louis

Registration District No. 1123

Township

Primary Registration District No. 6248B

City Jefferson Barracks

(No. Veterans Hospital)

File No.

Registered No. 446

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MORAN, Patrick

(a) Residence, No. 1310-a N. Jefferson Avenue

Ward. St. Louis, Missouri

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. wn 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory  
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) Windsor  
(STATE OR COUNTRY) Illinois

13. NAME Patrick Francis Moran

14. BIRTHPLACE (CITY OR TOWN) County Mayo  
(STATE OR COUNTRY) Ireland

15. MAIDEN NAME Rebecca C. Coyle

16. BIRTHPLACE (CITY OR TOWN) Lodendary  
(STATE OR COUNTRY) North Ireland

17. INFORMANT Clinical Records  
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Central Cem. DATE Jan 4 1936

19. UNDERTAKER Arthur J. Donnelly Und. Co.  
(ADDRESS) 3840 Lindell, St. Louis, Mo.

20. FILED Dec 31 1935 J. Mowery Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from December 18, 1935 to December 31, 1935

I last saw him alive on December 31, 1935. Death is said to have occurred on the date stated above, at 10:10 a.

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

Nephritis, chronic, complicated with uremia

Date of onset

Unkn.

Other contributory causes of importance:

Myocarditis with hypertrophy and dilatation, congestive type of cardiac failure

Name of operation None Date of \_\_\_\_\_  
Physical exam History, X-ray & Lab.  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
Findings.

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 \_\_\_\_\_

(Signed) C. W. Hughes, M. D. Chief, Medical Officer, Vet. Adm. Facility,  
Je f. r.

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.

WHITE FATHER WITH UNFADING INK--THIS IS A PERMANENT RECORD

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