JUN 5 1936

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

Do not use this space.

20707

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 6223, Pennsylvania St. ..... Ward)

File No. 4889

Registered No. .....

2. FULL NAME Nova Moran

(a) Residence, No. 6223 Pennsylvania St., 1 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: Female

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~~: John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14, 1866

7. AGE: YEARS 69 | MONTHS 9 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME: Galviel Lattray

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

MOTHER

15. MAIDEN NAME: Adele Roberts

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

17. INFORMANT (ADDRESS): Galvied Moran 6223 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olive Cem. DATE 5-5- 1936

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. L. Co. 7814 So. Broadway

20. FILED MAY 4 - 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-20-, 1936 to 5-2-, 1936

I last saw her alive on 5-2-, 1936. Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Cardiac Failure	4/1/36
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Other contributory causes of importance:
Myocarditis (Chronic)
Interstitial Nephritis Chronic

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

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

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) R Hofmeister, M. D.

(Address) 2458 S. Grand Bl.

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 PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

R. Hoffmeister.