

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township Primary Registration District No. 3016
City Washington (No.) St. Ward)

34089

File No.

Registered No. 912. FULL NAME Charles L. Moorman,

(a) Residence, No. St. Louis, Mo. St. Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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 (*writes the word*)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearle Krauer Moorman
not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1871

7. AGE YEARS 65 MONTHS 1 DAYS 2 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
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) Kentucky13. NAME Charles Moorman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME M. Buckner.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Mrs. Ruth Haydon
(ADDRESS) 5738 Clemens, St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE Sept 30, 193619. UNDERTAKER Otto & Company Washington, Mo.
(ADDRESS)20. FILED Sept. 28 1936 Hamay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28 - 1936

22. I HEREBY CERTIFY, that I attended deceased from Sept 27 1936, to Sept 28 1936
I last saw him alive on Sept 28 1936 Death is said

to have occurred on the date stated above, at 2:55A m.

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

Fractured Skull.

Date of onset

Other contributory causes of importance:
Heart life body disease
& Calcification.

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: accident Date of injury Sept 27, 1936Where did injury occur near St. Clair Woods, St. Louis, Mo.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.
Highway.Manner of injury Car accidentNature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) D. Ross M. D.(Address) Washington, Mo.

