NOV 4 1936

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

Do not use this space.

39443

1. PLACE OF DEATH

County ..... Registration District No. 791

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

File No. 10482

Registered No. .....

City St. Louis, Missouri (City Hospital No.1 ..... St. ..... Ward)

B. 10195

2. FULL NAME James Moynahan

(a) Residence, No. 1917 Wright St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1, 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	0	14	

OCCUPATION

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

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

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) California

FATHER

13. NAME James Moynahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

MOTHER

15. MAIDEN NAME Louise Schoenberger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Johns Cem DATE 10-19 1936

19. UNDERTAKER (ADDRESS) Henry Ludwig Und 1417 N. Market St

20. FILED OCT 19 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/9/36, 19..., to 10/15/36, 19...

I last saw him alive on 10/15/36, 19..... Death is said to have occurred on the date stated above, at 6/15 p.

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

Lobar Pneumonia

Date of onset

108

Other contributory causes of importance:

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) Roy Greenbaum M. D.

(Address) City Hospital No.1

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.

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