

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170Township JeffersonPrimary Registration District No. 6248-HCity Richmond(No. St. Marys Hospital)File No. 13681Registered No. 88

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1153 Hamilton Ave. St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 19377. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
10

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

None

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 County Missouri13. NAME Carl Moran14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.15. MAIDEN NAME Sora Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.17. INFORMANT Carl Moran
(ADDRESS) 1153 Hamilton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE Mar. 20, 193719. UNDERTAKER Geo. S. Plutsky, Inc.
(ADDRESS) 5206 Easton Ave.20. FILED March 30, 1937 Sam A. Bassett, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30, 193722. I HEREBY CERTIFY, That I attended deceased from 3-27, 1937, to 3-20, 1937I last saw him alive on 3-20, 1937. Death is said to have occurred on the date stated above, at L.A. m.

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

Acute Toxicemia Date of onset 3-27
Acute Dysentery 3-20
(non-specific)
General malnutrition

Other contributory causes of importance: -

prematurity

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) P.H. Deane M.D.(Address) 817 University ClubAtty.

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.

