

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32983
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **ST. LOUIS, MO.** (d) Street No. **ENROUTE CITY HOSPITAL** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **56** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

EDWARD V. MORAN
 (a) Residence, No. **3638 CLEVELAND** St. **17**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) **FEB. 14, 1881**

7. AGE YEARS **56** MONTHS **7** DAYS **12** If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS, MO.**
 (STATE OR COUNTRY)

13. NAME **MICHAEL A. MORAN**

14. BIRTHPLACE (CITY OR TOWN) **OHIO**
 (STATE OR COUNTRY)

15. MAIDEN NAME **AUGUSTA WIMMER**

16. BIRTHPLACE (CITY OR TOWN) **UNKNOWN**
 (STATE OR COUNTRY)

17. INFORMANT **MRS. HARRY C. RICHMER**
 (ADDRESS) **7822 DELMAR**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **SS. PETER & PAUL** DATE **SEPT. 28, 1937**

19. FUNERAL DIRECTOR **PEETZ BROS.**
 (ADDRESS) **3029 LAFAYETTE**

20. FILE **SEP 28 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT. 26, 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at **8:00 A.M.**

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

Chronic Myocarditis
Chronic Interstitial Nephritis
 Date of onset

Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No**

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 **See above**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Joseph M. Quinn, M.D.**

(Signed) **Joseph M. Quinn** (Address) **Separate letter**

Dr. Jennings
4600 Maryland
12:00 To 2:30

STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)