

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.

1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9273

Do not use this space.

1. PLACE OF DEATH **REC'D APR 11 1938**

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **#9 Westmoreland Place**, St. **12**
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frances Moran, 650**

(a) Residence, No. **#9 Westmoreland Place**, St. **12** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1938	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1930, to March 22, 1938	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1873					I last saw her alive on March 22, 1938 Death is said to have occurred on the date stated above, at about 6 P.M.	
7. AGE	YEARS 65	MONTHS 1	DAYS 14	If LESS than 1 day, hrs. or min.	The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage - 1 1/2 1 1/2	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper				Date of onset 3-25-38	
	9. Industry or business in which work was done, as 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) Buffalo, N. Y. (STATE OR COUNTRY)					Other contributory causes of importance: Cerebral by pertussis + Atherosclerosis myocarditis chronic Chronic Urteral nephritis	
FATHER	13. NAME Michael F. Moran				Name of operation autopsy Date of	
	14. BIRTHPLACE (CITY OR TOWN) Ireland. (STATE OR COUNTRY)				What test confirmed diagnosis? examination Was there an autopsy? no	
MOTHER	15. MAIDEN NAME Katherine J. McCormick				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.	
	16. BIRTHPLACE (CITY OR TOWN) Buffalo, N. Y. (STATE OR COUNTRY)				Manner of injury Nature of injury	
17. INFORMANT Katherine Moran, (ADDRESS) 405 Elmwood Ave., Buffalo, N. Y.					24. Was disease or injury in any way related to occupation of deceased? no If so, specify	
18. SUPERVISOR'S SIGNATURE OR REMOVAL PLACE Buffalo, N. Y. DATE Mar. 26, 38					(Signed) Francis R. Rutledge , M. D. (Address) 5233 Westman Ave. St. Louis Mo.	
19. FUNERAL DIRECTOR Wagoner Undertaking Co. (ADDRESS) 3621 Olive St.					20. FILED MAR 26 1938 J. P. Bredsch Local Registrar	

4800 -

STATEMENT BY LICENSED EMBALMER

I, Edward C. Grothe, Licensed Embalmer No. 3351

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

..... L. E.

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

Signed Edward C. Grothe

Licensed Embalmer No. 3351

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.)