

FILED MAR 17 1942

Registration District No. 1911

Primary Registration District No. 1003

Registrar's No. 1441

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ENROUTE CITY HOSPITAL #1.3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME RUTH ANN MORAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCT 6th 1941.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 8 hr. 6 min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name EDWARD MORAN

13. Birthplace ST. LOUIS MO (State or foreign country)

14. Maiden name RUTH ANN BROOKS (State or foreign country)

15. Birthplace ST. LOUIS MO (State or foreign country)

16. (a) Informant Edo W Moran

(b) Address 1618 1/2 N 19 St.

17. (a) BURIAL (b) Date thereof FEB 16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Brookland Und Co

(b) Address 1827 HOGAN STR

19. (a) FEB 16 1942 (b) J. A. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 2617
(If outside city or town limits, write "RURAL")
(d) Street No. 1618 1/2 N. 19th STR. 9
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 14TH
year 1942 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Broncho Pneumonia;

Due to Primary

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alfred Perry (M. D. or other)

Address 1827 Hogan St Date signed 2/16/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

40

STATE OF GEORGIA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

MEDICAL CERTIFICATE

STATE OF GEORGIA

STATE OF GEORGIA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed *Albert G. Hoff*

Licensed Embalmer No. 2971

P. O. Address _____

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.)

If this body is not embalmed, fact should be so stated above.

STATE OF GEORGIA