

FILED MAY 7 1942

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

12901

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1903**  
 (c) City **St. Louis** (d) Street No. **3310 - Lemp Ave** Registered No. **3845**  
 (e) Length of residence in city or town where death occurred **38** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **38** yrs. mos. ds.

2. PRINT FULL NAME **Elizabeth Moran (Moran)**

(a) Residence, No. **3310 A Lemp Ave** St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Moran**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 19th 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**70 7 9**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **housewife**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **home**  
 10. Date deceased last worked at this occupation (month and year) **March 30th** 11. Total time (years) spent in this occupation **50**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungary**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungary**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungary**17. INFORMANT **Frank Moran**  
(ADDRESS) **3310 A. Lemp Ave**18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Old S. S. Peter & Paul** **4/30 42**19. FUNERAL DIRECTOR **Henry Widmuller**  
(ADDRESS) **2203 Gravois Ave**20. FILED **APR 22 1942 J. F. Bradet**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-28-42** 1922. I HEREBY CERTIFY, That I attended deceased from **April 1**, 19**42**, to **April 28**, 19**42**I last saw her alive on **April 25**, 19**42**. Death is said to have occurred on the date stated above, at ..... m.

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

**Embolism**  
**Chronic Interstitial Nephritis years**

Name of operation ..... Date of .....

What test confirmed diagnosis? **Urinalysis** 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 ..... 19Where 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? **No**

If so, specify .....

(Signed) **Emil G. Buret M.D.**(Address) **1901 Cherokee**

APR 28 1942

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-41 X120A

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STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Albert G. Hopper*

Licensed Embalmer No. 2971

**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.)**