

REC'D OCT 6 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

33287

Do not use this space.

## 1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784  
 (b) Township NORMANDY Primary Registration District No. 200  
 (c) City Normandy (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THOMAS J MORAN

(a) Residence, No. 7602 AUGUSTA 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARGARET

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 28 1879

7. AGE YEARS 58 MONTHS 9 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ST LOUIS CO  
 9. Industry or business in which work was done, as saw mill, bank, etc. PLYMING SUPERIN  
 10. Date deceased last worked at this occupation (month and year) MARCH 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS13. NAME OWEN J MORAN14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND15. MAIDEN NAME BRIDGET GALLAGHER16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND17. INFORMANT (ADDRESS) Mrs Margaret Moran  
7602 Augusta18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE Sept 7 193819. FUNERAL DIRECTOR (ADDRESS) Cullen & Kelly  
1116 N. Taylor20. FILED SEP 8 1938 W. H. Meyer Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5/38 193822. I HEREBY CERTIFY, That I attended deceased from 7/5/38 1938, to 9/5/38 1938

I last saw him alive on 9/5/38 1938. Death is said to have occurred on the date stated above, at 2 a.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate  
with metastasis to the  
lumbar vertebrae -  
General debility

Other contributory causes of importance: 15

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) James Bonan M. D.  
 (Address) 607 - N. Grand

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer, No. 3732

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 Clement McNeary

Licensed Embalmer No. 3732

**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.)**