

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

Do not use this space.

19583

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. 2116 N 10th St)
 St. Ward)

File No.
 Registered No. 5487
 St. Ward)

2. FULL NAME

Mary Moran
 (a) Residence. No. St., 26 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Moran</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 12th 1865</u>		
7. AGE <u>63</u>	YEARS <u>9</u>	MONTHS <u>26</u>
		DAY <u>26</u>
It LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at Home</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>St. Louis</u>		
10. NAME OF FATHER <u>Patrick J. Kelly</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ireland</u>		
12. MAIDEN NAME OF MOTHER <u>Catherine Conley</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ireland</u>		
14. INFORMANT <u>Frank Moran</u> (Address) <u>2116 N 10th St</u>		
15. <u>MAY - 9 1929</u> FILED <u>Ray C. Starker</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1929, to May 7, 1929, that I last saw h. s. alive on May 7, 1929, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. nephritis
131
9th c. (duration) 5 yrs. mos. da.
 CONTRIBUTORY Chr. Myocarditis
 (SECONDARY) (duration) 4 yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED 12900
 IF NOT ANY PLACE OF DEATH.....
 DID OPERATION PRECEDE DEATH? no. DATE OF no.
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
 (Signed) Vern E. Hruska, M. D.
578, 1929 (Address) 1206 Missouri Bldg
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Labary</u>	DATE OF BURIAL <u>5-11 1929</u>
20. UNDERTAKER <u>Arthur J. Donnelly</u>	ADDRESS <u>2039 Wash St</u>

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

15030-1-2931

Dr. H. L. Lick

Miss Thelma Lick

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