

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

Do not use this space.

13088

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **Madhansky Hosp.**)

File No.....
Registered No. **3379**
St. Ward)

2. FULL NAME

(a) Residence. No. **4860** **Leurose** St., **10** Ward.

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louis P. Kunz**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **12-23-1862**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 3 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **At Home**
(b) General nature of industry, business, or establishment in which employed (or employer) **97**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo**

PARENTS

10. NAME OF FATHER **Thomas Conley**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Bridget Feeney**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT **Charles Kunz**
(Address) **4860 Leurose**

15. FILED **APR 8 1927** **Mayb Starloff**
19- Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Apr. 5 - 1927**

17. I HEREBY CERTIFY, That I attended deceased from **June 24, 1924** to **Apr 5, 1927**
that I last saw him alive on **Apr 5, 1927**, and that death occurred, on the date stated above, at **7:20 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy (L Hemiplegia)

CONTRIBUTORY **Arterio Sclerosis**
(SECONDARY) (duration) ? yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, 0

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **Seth P Smith**, M. D.
Apr 7, 1927 (Address) **4530 Clarence Av.**

*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 **Balrany Cemetery** DATE OF BURIAL **4/9 1927**

20. UNDERTAKER **H.A. Stock and Co** ADDRESS **2117 E. Grand**

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.

THIS IS A PERMANENT RECORD

