

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

Do not use this space.

17190

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City 1001**)

File No.....

Registered No. **6051**

St. Ward)

2. FULL NAME

(a) Residence. No. **Municipal Lodging House 25** Ward. (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **44** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

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

March 11 1863

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
64	2	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Laborer**
 (b) General nature of industry, business, or establishment in which employed (or employer) **day**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER

Audrey Scanlon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER

Ann Marie Byrne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

PARENTS

14. INFORMANT

(Address) **City of St. Louis**

Max C. Starckoff

FILED **JUN 30 1927**

REGISTER

MEDICAL CERTIFICATE OF DEATH

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

May 28 1927

17.

I HEREBY CERTIFY, That I attended deceased from **March 29 1927** to **May 28 1927** that I last saw him **live on May 28 1927** and that death occurred, on the date stated above, at **11:35 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
 (duration) yrs. mos. da.

CONTRIBUTOR (SECONDARY)

90B
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 Did an operation precede death?..... DATE OF.....

Was there an autopsy?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Thos. W. Miller**, M. D.
5/29 1927 (Address) **City of St. Louis**

*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

DATE OF BURIAL

Washington V. 7 27
W. Richter 3200 Ridge

20. UNDERTAKER

ADDRESS

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.

Sioulon