

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

Do not use this space.

29063

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **City Hospital**)
 Registered No. **8649** St. _____ Ward)

2. FULL NAME

(a) Residence No. **1613 Hogan** & **26** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **27** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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) **May 18 - 1907**

7. AGE YEARS **27** MONTHS **4** DAYS **9** If LESS than 1 day, ____ hrs. or ____ min.

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

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

10. NAME OF FATHER **Patrick Kearney**

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

12. MAIDEN NAME OF MOTHER **Margaret Stuebe**

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

14. INFORMANT **E. Roman**
 (Address) **City Hospital**

15. **CD 28 1007** **May 6 1927**
 Filed _____ 19____ REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 27 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 27 1927** to **Sept 27 1927**, that I last saw him/her alive on **Sept 27 1927** and that death occurred, on the date stated above, at **City Hospital**.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocardial infarction
34

CONTRIBUTORY (SECONDARY) **Syphilis**
 (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED **St. Louis**
 IF NOT AT PLACE OF DEATH, _____

DATE OF OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Edmund R. Spender**, M. D.
9/27 1927 (Address) **City Hospital**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cabany** DATE OF BURIAL **9/29 1927**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

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.

DEPARTMENT RECORD

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