

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

Do not use this space.

29174

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. City, Nept.)

File No.

Registered No. **8765**

St. Ward

2. FULL NAME Alice Kidney

(a) Residence. No. 1818 Coleman St., 11 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

4. COLOR OR RACE

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

Female

White

Single

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

Single

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

Sept. 10 - 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

42

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Seaman 1970

(b) General nature of industry, business, or establishment in which employed (or employer)

Grand-Gorham Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

PARENTS

10. NAME OF FATHER

Michael J. Kidney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Catherine Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Illmo

(STATE OR COUNTRY)

14.

INFORMANT

Michael J. Kidney

(Address)

1818 Coleman St

15.

FILED

NOV - 1 1927

Marb Starkeoff

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept. 29 1927

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

....., 19.....

that I last saw him..... alive on....., 19....., and that

death occurred, on the date stated above, at

2 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries (Internal), caused by being crushed when building collapsed at Grand & St. Louis Aves. during a wind storm, Sept. 29th, 1927 at 1:00 P.M.

CONTRIBUTORY (SECONDARY)

ACCIDENT

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AMBULATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

D. J. Corcoran, M. D.

x 19 (Address)

Corcoran

*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

Calvary Cemetery

10/3 1927

20. UNDERTAKER

ADDRESS

Cullinane Bros.

1710 N. Grand

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.

