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

Do not use this space.

38768

File No. 11497

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. M.C. Baptist Sanitarium St. Ward)

2. FULL NAME Patrick W Tierney

(a) Residence. No. 4546a McMillan St., 11 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Steam Fitter
(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) Ills.

PARENTS

10. NAME OF FATHER Patrick Tierney

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Maud Tierney
(Address) 4546a McMillan

15. FILED DEC 23 1927, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/22 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Dec 22, 1927, that I last saw him alive on Dec 22, 1927, and that death occurred, on the date stated above, at 11 15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Urinary Bladder

J 115 49

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Cystoscopic Exam.

(Signed) Joseph E Glenn, M.D.
, 19 (Address) 958 Arcade 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, CREATION, OR REMOVAL Troy Ills. — DATE OF BURIAL 12-24 1927

20. UNDERTAKER Arthur J Donnelly — ADDRESS 2039 Wash St

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 INDELIBLE INK—THIS IS A PERMANENT RECORD

Mr Bunford
Arcade Bldg
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