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

Do not use this space.

39005

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Lukes Hosp. St. ..... Ward)

File No. .....

Registered No. 11718

2. FULL NAME John W. Kearney

(a) Residence. No. 5040 Enright Ave. St. 12 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-19-66

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	2	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mo Pac A.R.
(b) General nature of industry, business, or establishment in which employed (or employer) Publicity Mgr.
(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Kearney

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

12. MAIDEN NAME OF MOTHER Catherine O'Donnell

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

14. INFORMANT Katherine Kearney
(Address) 5040 Enright Ave.

15. FILED DEC 29 1927 19 Max C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

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

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1927, to Dec. 22, 1927, that I last saw him alive on Dec 21, 1927, and that death occurred, on the date stated above, at 1:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Carcinomatosis

(duration) yrs. 6 mos. 9 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Prostate?

6 mo. to 1 year (duration) mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dont know

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Pathological & X-Ray.

(Signed) R. F. Glaze, M.D.

12-22-1927 (Address) 912 Beaumont 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, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	Dec 30 1927
20. UNDERTAKER	**ADDRESS**
Wagoner	3621 Olive

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.