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

Do not use this space.

18395

1. PLACE OF DEATH St. Louis
County
Township CARONDELET
City
Registration District No. 1123
Primary Registration District No. 6248
(No. MT. SAINT ROSE SANATORIUM St. Ward)
File No.
Registered No. 174

2. FULL NAME Michael Begley
(a) Residence. No. 6458 Lloyd Ave St., 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 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) 3-20-1877
7. AGE YEARS 51 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe-work
(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) Ireland

PARENTS
10. NAME OF FATHER Timothy Begley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Elizbeth Clifford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Hospital Records
(Address) MT. SAINT ROSE SANATORIUM
15. FILED May 25, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1928
17. I HEREBY CERTIFY, That I attended deceased from May 5, 1927, to May 24, 1928 that I last saw him alive on May 24, 1928, and that death occurred, on the date stated above, at 8:00 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
CHRONIC PULMONARY TUBERCULOSIS
(duration) not known to me yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Tuberculous Meningitis
(duration) not known to me yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? not known to me
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum
(Signed) Jacomia Schlecker M.D.
5/25, 1928 (Address) 3515 S. Grand Bl. 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 Calvary
DATE OF BURIAL May 28 1928
20. UNDERTAKER Cullen-Kelly
ADDRESS 4524 Easton

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.