

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

Do not use this space.

21913

1. PLACE OF DEATH

County.....
Towship.....
City *St. Louis mo.*

Registration District No. *791*
County Registration District No. *1003*

File No.....
Registered No. *6038*
St. Ward)

2. FULL NAME

(a) Residence. No. *5800 Arsenal* St. *13* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Mrs Mary Mc Bride*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *19-25-1863*

7. AGE YEARS MONTHS DAYS *64 10 9* If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *city infirmary patient*
(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) *Missouri*

10. NAME OF FATHER *Andrew Mc Bride*

Ireland

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Kate Conboy*

Ireland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT *Mrs M. Effinger*

(Address) *5800 Arsenal St.*

15. FILED *Jan - 5 1923*

City of St. Louis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) *June 4 1928*

17. I HEREBY CERTIFY That I attended deceased from *May 19 1928* to *June 4 1928*

that I last saw him alive on *June 4 1928*, and that

death occurred, on the date stated above, at *9 45 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chr Myocarditis

131

chr Nephritis

CONTRIBUTORY (SECONDARY) *chr Nephritis*

(duration) yrs. mos. da.

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*

(Signed) *Edward Helbing, M.D.*

, 19 (Address) *City 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

DATE OF BURIAL

St. Johns North June 7 1928

20. UNDERTAKER

ADDRESS *1417*

Hy Leidner and Co. Market 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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

