

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
CERTIFICATE OF DEATH

Do not use this space.

22051

1. PLACE OF DEATH

County.....

Registration District No.....

781

Township.....

Primary Registration District No.....

1003

City..... St. Louis.....

(No. Home for the Aged.....)

File No.....

Registered No.....

6220

St.....

Ward.....

2. FULL NAME

Larry Meagher

(a) Residence. No.....

3400 S. Grand Blvd

St.....

16

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)

Single

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

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

Dont know. 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 66

8. OCCUPATION OF DECEASED

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

Day Laborer.

(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 Patrick Meagher

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER Bridget Siston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

(Address)

Mother, Marchant Little Susters of 3400 S. Grand Elyd

15.

FILED

JUN 11 1928

Max E Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6-9-1928

17.

I HEREBY CERTIFY That I attended deceased from

June 3, 1928 to June 9, 1928
that I last saw him alive on June 8, 1928, and that death occurred, on the date stated above, at 7 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

(Address) 3160 - 2 Street

*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

SS. Peter & Paul Cemetery

DATE OF BURIAL

June 11, 1928

20. UNDERTAKER

J. W. Schuler & Son Co

ADDRESS

2842 Meramec

