

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.

22466

1. PLACE OF DEATH

County.....

Registration District No. 7911

Township.....

Primary Registration District No. 1003

City *St. Louis* (No. *5800 Arsenal*)

File No.

Registered No. 6662

St. Ward)

2. FULL NAME

(a) Residence. No. *5800 Arsenal* St. *Map 2 Ward 13*

(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)

Jan. 13, 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

*76**5**14*

8. OCCUPATION OF DECEASED

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

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)

England

10. NAME OF FATHER

Barney McCall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Mamie Callahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

(Address)

*Mrs. E. Kinger
5800 Arsenal St.*

15.

FILED

19. *25**Max C. Barker*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 24* 19 *28*

17.

I HEREBY CERTIFY That I attended deceased from *May 19* 19 *28* to *June 24* 19 *28* that I last saw him alive on *June 24* 19 *28* and that death occurred, on the date stated above, at *2:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auricular Fibrillation

CONTRIBUTORY (SECONDARY)

*1026
Pleurisy*

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 Welby*, M. D., 19 (Address) *4963 Mountain*

*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 Cemetery June 24 19 28

20. UNDERTAKER

ADDRESS

J. W. Gebken 2842 M. name

