

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

Do not use this space.

25488

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1002

City St. Louis (No. City Maples)

File No.

Registered No. 7302

St.

Ward)

2. FULL NAME

(a) Residence. No. 50734 (Usual place of abode)

City Maples Ward. 12

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 12 ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) March 31 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 3 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Morris (STATE OR COUNTRY)

10. NAME OF FATHER Malachi Tooley

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

12. MAIDEN NAME OF MOTHER Bridget O'Connor

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

14. INFORMANT Christina (Address) City Maples

15. Jul 13 1928 REGISTRAR Starkey

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1928

17. I HEREBY CERTIFY That I attended deceased from May 19 1928 to July 12 1928 that I last saw him July 12 1928 alive on July 12 1928 and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Apoplexy

82A
107B (duration) yrs. mos. ds.

CONTRIBUTORY Broncho-pneumonia (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 7401

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Edward Stebbins, M. D. 7/13, 1928 (Address) City Maples

*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 July 14 1928

20. UNDERTAKER Mullen and Co

ADDRESS 5165 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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