

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

Do not use this space.

436542
B

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **2029 Eugenia**) St. Ward

File No.
Registered No. **1**
St. Ward

2. FULL NAME

(a) Residence. No. **2029 Eugenia** St., **22** 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patricia Lydon
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9th 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 **3** **21**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(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

10. NAME OF FATHER John Henson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Bridget Murphy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Miss Annie Lydon
(Address) 2029 Eugenia St.

15. FILED JAN - 1 1929
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19....., that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at **11:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
926
706
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner, M.D.
12/31, 1928 (Address) Dep. Coroner

*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**
Cemetery 1-2 1929

20. UNDERTAKER Arthur J. Donnelly 2029 North St.
ADDRESS

CAUSE OF DEATH IN FULL TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

