

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 797 File No. 12929
 Township St. Louis W Primary Registration District No. 797 Registered No. 3480
 City St. Louis W (No. Mo Baptist Sanatorium St. St. Louis Co Ward)

2. FULL NAME

Allen Hawthorne McBready
 (a) Residence No. 7822 Grove St. 17 Ward. St. Louis Co
 (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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 5 6 21 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Leather Broker
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer A H McBready

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Stevens Point Wis

10. NAME OF FATHER Chas H McBready

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

12. MAIDEN NAME OF MOTHER Catharine Finch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Minark Wis

14. INFORMANT A J McBready
 (Address) Mo. Standard Bldg Wis

15. FILED 20 1929 Ray C J. Meloy REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-18 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-11, 1928, to 3-18, 1929, that I last saw him alive on 3-18, 1929, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Pneumonia Lobor
100%
10/11/29 71B
 (duration) yrs. mos. ds. 4
 CONTRIBUTORY Anemia Primory
 (SECONDARY) (duration) yrs. mos. ds. 1

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

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

20. WAS THERE AN AUTOPSY? No

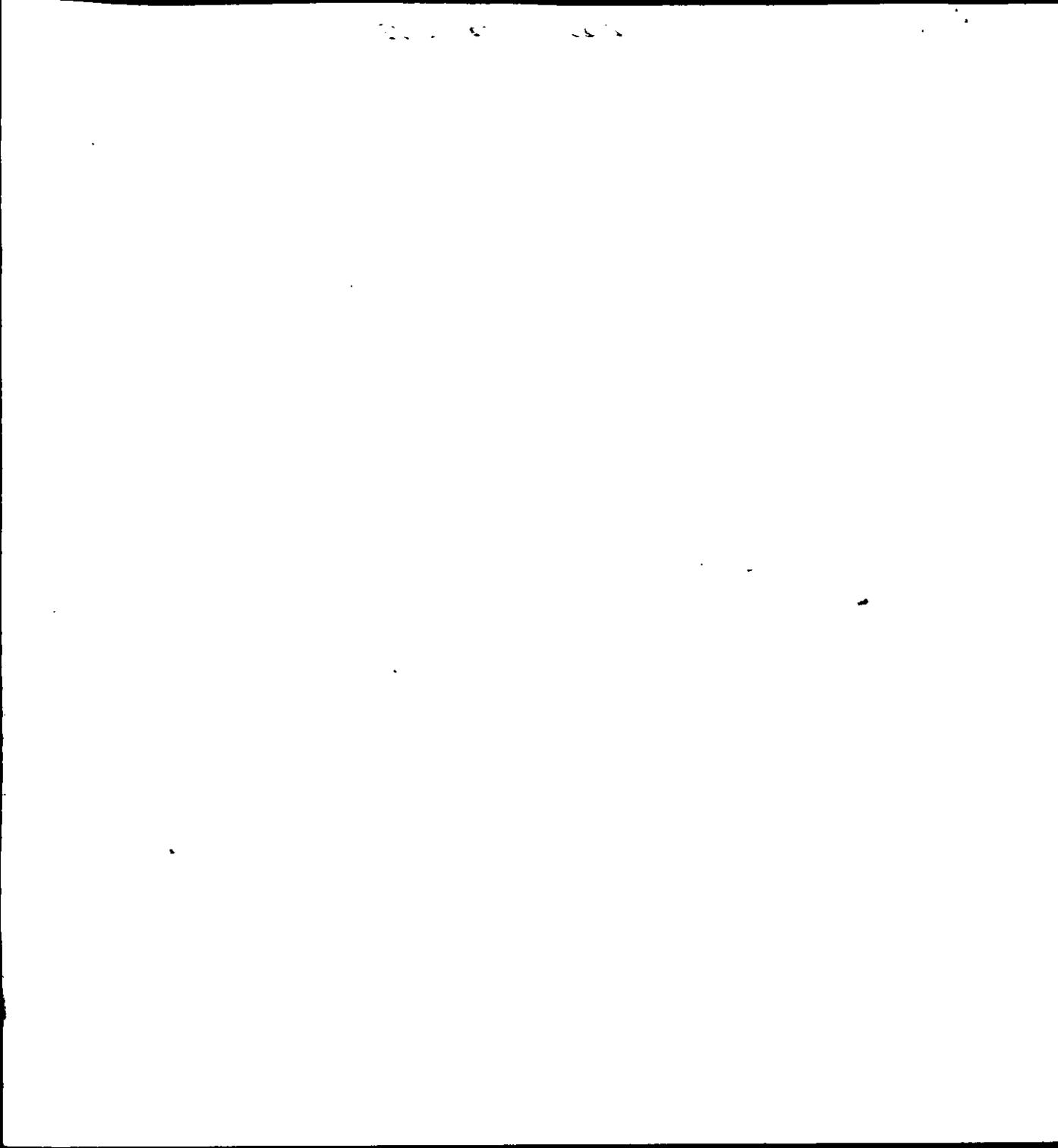
WHAT TEST CONFIRMED DIAGNOSIS? Findings
 (Signed) A J. McBready, M. D.
 , 1929 (Address) Mo. Standard Bldg

*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 Oak Hill DATE OF BURIAL Mar 21 1929

20. UNDERTAKER Parker and Co ADDRESS Webster Groves

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