

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

Do not use this space.

35456

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City St Louis (No. 1908 - Belleglade)

File No.....  
Registered No. 10202  
St. ...., Ward)

**2. FULL NAME**

Winifred Meaney  
(a) Residence. No. 1908 Belleglade St., 11 Ward.

(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 | 8 | 1 | — | —

**8. OCCUPATION OF DECEASED**

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

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

12. MAIDEN NAME OF MOTHER Unknown.

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

14. INFORMANT Maime Meaney  
(Address) 1908 Belleglade

15. FILED 18 1929 Nov 2 1929  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 16. 1929.

17. I HEREBY CERTIFY That I attended deceased from Oct 9 to Oct 16 1929.  
that I last saw him alive on Oct 16, 1929, and that death occurred, on the date stated above, at 10:30 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Acute Lobar Pneumonia  
108 101W  
(duration) yrs. mos. ds. 7 ds.

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) W H White, M. D.

10/17, 19 (Address) 2803 N. Kings Highway

\*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 Oct 19 1929.

20. UNDERTAKER

Mullen and Co ADDRESS 563 Delmoer.

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.

