

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

Do not use this space.

35652

791

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City St. Louis (No. 1133)

City St. Louis (No. 1133)

File No.

Registered No. 10428

St. Ward)

2. FULL NAME

(a) Residence. No. 2115 N. Bluff Ward. 26

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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)

Nov 24 - 1867

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

61

10

28

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)

Missouri

10. NAME OF FATHER

Michael Munion

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Catherine McDonnell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14. INFORMANT

(Address)

City of St. Louis

15. FILED

OCT 23 1929

Wm C. Bortley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 18 1929 to Oct 27 1929

that I last saw him alive on Oct 27 1929 and that death occurred, on the date stated above, at 615 St.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uræmia due to Ch. Interstitial Nephritis
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131 B (duration) yrs. mos. ds.

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?

(Signed)

(Address)

R Berg, M. D.

*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

10-25 1929

20. UNDERTAKER

ADDRESS

Berish-Gibbons 1138 26th

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.

Manson