

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

Do not use this space.

42330

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No. *327 N. Grand Blvd.*)

Registration District No. **791**
1003
Primary Registration District No.

File No.....
Registered No. **12054**
St. Ward)

2. FULL NAME *Thomas Halpin*

(a) Residence. No. *327 N. Grand Blvd.* St. *19* 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 *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 *Marjoret Halpin*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 15 - 1843*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 *25*

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Druggist*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer *Retired*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

10. NAME OF FATHER *Unknown*

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

12. MAIDEN NAME OF MOTHER *Conseman*

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

14. INFORMANT *R. M. M. Bridge*
(Address) *327 N. Grand Blvd.*

15. FILED *DEC 11 1929* *W. C. Stanley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 10 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 15* 1928, to *Dec 10* 1929, and that I last saw him alive on *Dec 10*, 1929, and that death occurred, on the date stated above, at *6:40* A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio sclerosis 99

(duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *91B*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *Otto E. Schlander*, M. D.

Dec 10, 1929 (Address) *4906 Washington Blvd*

*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

Valvary Cemetery Dec 12 1929

20. UNDERTAKER ADDRESS

Cullman Bros. 1702 Franklin

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.

WRITE IN PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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