

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
No. **4341 Kennedy**

21221 ~~21521~~
File No.
Registered No. **6085**
St. Ward)

2. FULL NAME

(a) Residence. No. St. **11** Ward **11**
(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

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 **Richard Haberstroh**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 87
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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 20 1930**
17. I HEREBY CERTIFY, That I attended deceased from **Jan 12 1929** to **June 20 1930**. that I last saw her alive on **June 18 1930**, and that death occurred, on the date stated above, at **11:35 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis
97
(duration) **Indefinite** yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **None**
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
10. NAME OF FATHER **Michael Donnell**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
12. MAIDEN NAME OF MOTHER **Not ascertained**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **11. 2. 1866**

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____
WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS **Clyde J. Fox**
(Signed) **Harry A. Meyer** M.D.
June 23, 1930 (Address) **4903 Dolman Bld**

14. INFORMANT (Address) **Richard Haberstroh**
4341 Kennedy
15. FILED **May 1930** REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cubary**
20. UNDERTAKER **Kingman & Sheahan**
DATE OF BURIAL **June 24 1930**
ADDRESS **1415 Washington**

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.

