

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **City** Sanitarium) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. **28516**  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence No. **Unknown** St. **13** Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **55** yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Jan. 27, 1845</i>				
7. AGE	YEARS <i>85</i>	MONTHS <i>6</i>	DAYS <i>24</i>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work. <i>Laborer</i>				
(b) General nature of industry, business, or establishment in which employed (or employer). <i>Unknown</i>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) *Pennsylvania*

10. NAME OF FATHER \_\_\_\_\_  
*Unknown*

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 *W.F. McNamee M.D.*  
 (Address) *5400 Arsenal*

15. AUG 25 1930  
 FILED \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) *8-21-1930*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 18<sup>th</sup>*, 19 *30*, to *Aug 20<sup>th</sup>*, 19 *30* that I last saw him alive on *Aug 21<sup>st</sup>*, 19 *30*, and that death occurred, on the date stated above, at *3:25 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Myocarditis*  
 34 yrs. (duration) 4 ds. +  
 450  
 79

CONTRIBUTORY (SECONDARY) *Senile arterio*  
*Sclerosis* 4-7

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH. *Unknown*

0 DID AN OPERATION PRECEDE DEATH. *no.* DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? *no.*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical findings*  
 (Signed) *William F. McNamee*

*8/21/1930* (Address) *5400 Arsenal*

\*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 Cemetery* *Aug 26 1930*

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
*St. Stephen's Co 2812 Keramec*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

