

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

Do not use this space.

3888

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. On route City Hospital #1 St. Ward)

File No.
 Registered No. 1134

2. FULL NAME

(a) Residence. No. 1437 N. 7th St. 25 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 Nora Canedy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 10 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Automobile Mechanic
 (b) General nature of industry, business, or establishment in which employed (or employer) 264
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boston
 (STATE OR COUNTRY) Massachusetts ?

10. NAME OF FATHER Unknown Canedy

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

12. MAIDEN NAME OF MOTHER Hellie - Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) 31

14. INFORMANT Nora Canedy
 (Address) 3908 1/2 Railroad Ave

15. FILED 29 19 May 1931
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28 1931

17. No Physician's Attendance
 I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and (that death occurred, on the date stated above, at 2:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
92A (duration) yrs. mos. ds.
97
 CONTRIBUTORY (SECONDARY) Aortic Regurgitation
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. M. Hurley
179. 1531 (Address) 15 Deputy Coroner

*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 St. Louis
St. Carmel Cem. Co. 202 DATE OF BURIAL 1/30 1931

20. UNDERTAKER Arthur J. Donnelly Undertaker
2039 Wash St

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.

