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.

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 791 — File No. 3936
Township — Primary Registration District No. 1003 — Registered No. 1185
City St. Louis (No. City Infirmary 5800 Arsenal St. ~~#2~~ Ward)

2. FULL NAME Wm. McKoewn
(a) Residence. No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. — mos. 3 ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie McKoewn (Dead) 1847

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 29" 1849

7. AGE: 83 YEARS — MONTHS: 11 — DAYS: 19 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor employee Steam-boat & R.R.
(b) General nature of industry, business, or establishment in which employed (or employer): ? 114
(c) Name of employer: Unknown

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada 5'

PARENTS
10. NAME OF FATHER: Wm McKoewn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15
12. MAIDEN NAME OF MOTHER: Rose Kaskan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

14. INFORMANT (Address): Harold Halbrook 5800 Arsenal St. Louis, Mo.

15. FILED JAN 30 1931, 19 — Max C. Parker, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Jan 18, 1931, that I last saw him alive on Jan 18, 1931, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 186A 194B 93C
Cardiac Failure
Chronic Myocarditis
(duration) yrs. 0 mos. 1 ds. 4

CONTRIBUTORY (SECONDARY): Senility & wrenched left knee from a fall to the floor at City Infirmary
(duration) yrs. 2 mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: accident
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Exam of heart & eye reflexes
(Signed) C. C. Huntley, M. D.
, 19 (Address) City Infirmary

*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 U — DATE OF BURIAL: 1 [illegible] 1931

20. UNDERTAKER: Walter Richter — ADDRESS: 3500 Rutger St