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

Do not use this space.

11454

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 60336 — Registered No. 122

City Pine Lawn (No. 3718 Jennings Rd. St. Ward)

2. FULL NAME Mrs. Elizabeth McCluskey

(a) Residence. No. 4570 Emerson Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF John W. McCluskey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	51	8	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home 23
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER Daniel Walsh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT John W. McCluskey
(Address) 4570 Emerson Av

15. FILED 3/24 1931 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1931

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to March 23, 1931 that I last saw her alive on March 23, 1931 and that death occurred, on the date stated above, at 3P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Bronchitis with Emphysema
Chr. Diabetis Mellitus-
Chr. Int. Nephritis, with albuminura
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia
Uremia & Coma (duration) 59 yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home 131 107 A
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Luke B. Tiernon, M. D.
3/23, 1931 (Address) 3718 Jennings Rd.

*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	Mch. 26 1931

20. UNDERTAKER	ADDRESS
Cullinane Bros	1700 Grand Ave

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.

APR 27 1931