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

Do not use this space.

16353

File No. 4863

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 6431 Bradley Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Hannah Kinsley

(a) Residence. No. St. 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF George

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
abt.	70	Unknown		

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER John Sheehan

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

12. MAIDEN NAME OF MOTHER Julia O'Connor

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

14. INFORMANT Mrs J O'Connor
(Address) 6431 Bradley Ave

15. FILED 23 1 1931 Max C Hardwick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1930, to Apr 21 1931 that I last saw h alive on Apr 18 1931, and that death occurred, on the date stated above, at 420 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchial Asthma
10613
11 Y
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis non Tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) S K Vaudoux, M. D.
Apr 22 1931 (Address) 3115 S Grand Blvd.

*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	4/24 1931

20. UNDERTAKER	ADDRESS
Arthur J Donnelly Undt Co	2039 Wash St

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

MARGIN RESERVED FOR BINDING

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.

Dr Vanden[illegible] -

3115 [illegible]

2-3[illegible]