

**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. 791

City St. Louis (No. City Hospital)

File No. 2630

Registered No. 323

St. Ward

2. FULL NAME

(a) Residence, No. 3965 Cleaveland St. 117 Ward. (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salvager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Poultry

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Patrick Jennings

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

MOTHER 15. MAIDEN NAME Bridget Conway

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

17. INFORMANT (ADDRESS) Mrs. J. A. Ryan

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 12, 1932

19. UNDERTAKER (ADDRESS) Maillen Undertaker

20. FILED 11-19-32 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1932 to Jan 10th, 1932
I last saw him alive on Jan 9th, 1932 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

93C
Chronic Myocarditis
Resulting
Other contributory causes of importance: 93C

Name of operation..... Date of.....
What test confirmed diagnosis? etc. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? / Date of injury....., 19.....
Where did injury occur? / (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify J. J. Reichman, M. D.
(Signed) J. J. Reichman
(Address) City Hospital

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.

WHILE LIVING, WITH UNFADING MARKS THIS IS A PERMANENT RECORD

Journal