

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

Do not use this space.

6502

**1. PLACE OF DEATH**

County ..... Registration District No. 78  
Township ..... Primary Registration District No. ...  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 1553  
St. .... Ward

**2. FULL NAME**

Thomas Healey

(a) Residence, No. Municipal House 25 Ward. (If nonresident, give city or town and State)  
(Usual place of abode) 104 N. 14th St

Length of residence in city or town where death occurred 36 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 - 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>25</u>	<u>1</u>	<u>20</u>	

OCCUPATION

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

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

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) New York ?

13. NAME Patrick Healey

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

15. MAIDEN NAME Nora Brown

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

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Feb 16 1932

19. UNDERTAKER (ADDRESS) Thos J. Shaffer 629 E. Euclid Ave

20. FILED Feb 17 1932 19 Max C. Standen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1932 to Feb. 12th 1932

I last saw him alive on Feb. 12th 1932 Death is said to have occurred on the date stated above, at 9:20 P.M.

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

936  
111B

Chronic Myocarditis

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation ..... Date of .....  
What test confirmed diagnosis? leuc Was there an autopsy? No

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 C

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify Raymond Shaffer, M. D.

(Signed) Raymond Shaffer, M. D.  
(Address) City Hospital

