

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

Do not use this space.

10106

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **10083**

City **St. Louis** (No. **6044 Maple Ave**)

File No.

Registered No. **2118**

St. Ward)

2. FULL NAME

(a) Residence, No. **6044 Maple Ave**, **5** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 10-1852**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired street car conductor**

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

10. Date deceased last worked at this occupation (month and year) **1-9-27** 11. Total time (years) spent in this occupation **40**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

13. NAME **William Raftery**

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

15. MAIDEN NAME **Mary Comer**

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

17. INFORMANT **Eileen Raftery** (ADDRESS) **6044 Maple Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary cem.** DATE **Mar. 5, 1932**

19. UNDERTAKER (ADDRESS) **Jas. Dr. O'Leary**

20. FILED **1932** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 3, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 20, 1932** to **March 3, 1932** last saw him alive on **March 2, 1932** Death is said

to have occurred on the date stated above, at **2:15 A.M.**

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

Chronic nephritis

Other contributory causes of importance:

131

Name of operation..... Date of.....

What test confirmed diagnosis? **none** 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.....

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

If so, specify.....

(Signed) **C. C. Proneer** M. D.
(Address) **1225 7th St. St. Louis**

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.

W. E. ...
...
2 1/2.