

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

Do not use this space.

10955

1. PLACE OF DEATH

County Registration District No. 752
Township Primary Registration District No. IN 1538
City St. Louis (No. St. Luke's Hosp.)

File No.
Registered No. 3033
St. Ward

2. FULL NAME

(a) Residence, No. 6928 Amhurst University City Ward. 12
(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 Female 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1872
7. AGE YEARS 59 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 2 15
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Public School 94
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) St. Louis 1

MOTHER / FATHER 13. NAME John Shaughnessy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 15

15. MAIDEN NAME Delia Stephens

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

17. INFORMANT Mary Shaughnessy
(ADDRESS) 6928 Amhurst

18. BURIAL, CREMATION, OR REMOVAL PLACE Cafary DATE 3/30 1922

19. UNDERTAKER Narrayan + Shagan (Inde)
(ADDRESS) 7425 Washington

20. FILED 1922 W. C. Starke
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1932 to March 28 1932
I last saw h. lv. alive on March 27 1932. Death is said to have occurred on the date stated above, at 6:40 a. m.

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

Coronary artery occlusion Date of onset sudden
13! occlusion
13! Cardio-vascular-renal
13! disease about 1929

Other contributory causes of importance:

Name of operation Date of 13! 1

What test confirmed diagnosis? Clinical 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? NO.
If so, specify

(Signed) Walter Baumgaertel, M. D.

(Address) 3720 Washington 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.

