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.

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

Do not use this space.

14030

File No.

Registered No. 3358

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. 4922 a Alcott Av St. Ward)

2. FULL NAME Owen J McNiff

(a) Residence, No. St., 7 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: Marcella McNiff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 22nd 1857

7. AGE: Years 74 Months 3 Days 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laclede Gas Co

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

FATHER

13. NAME: James W McNiff

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

MOTHER

15. MAIDEN NAME: Sarah McDonough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Marcella McNiff 4922 a Alcott Av

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Walhalla DATE: April 6 1932

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 2639 Grand Av

20. FILED APR - 5 1932 Mary C Worden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25 1932 to April 3 1932

I last saw him alive on April 3 1932. Death is said to have occurred on the date stated above, at 4 P m.

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

	Date of onset
Bronchial Asthma	
H.B.P.	
H.B.P.	1 Mo

Other contributory causes of importance:

Senility

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

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) Jos C Bernstorff, M. D.

(Address) 4356 Wardell

Dr Bernstorff [illegible]
[illegible]

1- 3 P m.