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.
30864

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1005 Registered No. 8577

City St. Louis (No. City Hospital St. ..... Ward)

10562

2. FULL NAME John Henneyes

(a) Residence, No. 4040 Evans St. (rear) Ward 11
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) May 9 - 1851

7. AGE: YEARS 81 MONTHS 4 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ireland 15

FATHER
13. NAME John Henneyes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 8

MOTHER
15. MAIDEN NAME Margaret Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Sept. 26 1932

19. UNDERTAKER (ADDRESS) Geraghty Funeral Home Boyle & Lindell

20. FILED SEP 24 1932 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21st 1932, to Sept. 23rd 1932
I last saw him alive on Sept. 23rd 1932 Death is said to have occurred on the date stated above, at 10.05 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia & prostate with metastasis to pelvic bones and pleura of lungs.

Other contributory causes of importance:
Chr myocarditis
Chr nephritis
Ulceration nasal septum
Pulmonary edema

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 .....
(Signed) J. M. Marnish, M. D.
(Address) City Hospital

Geraghty

Hennig