

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

Do not use this space.

34339

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. St. Louis St. Paul Hosp.)

File No.....
Registered No. 9706
St..... Ward)

2. FULL NAME

(a) Residence, No. 1369 Union Blvd. St., 6 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) May 12, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Mixer #7
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laclede Paint 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) Kilkee Ireland

FATHER 13. NAME Michael Whelan

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

MOTHER 15. MAIDEN NAME Bridget Marinan

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

17. INFORMANT (ADDRESS) Mrs. Minnie Mc Cleese 5337 Easton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 11/3/1932

19. UNDERTAKER (ADDRESS) Chas. J. Stuart 1225 Union St. St. Louis

20. FILED NOV - 2 1932 W. C. Stone Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1932, to Oct 31, 1932.
I last saw him alive on Oct 31, 1932. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Cirrhosis Hepatic Date of onset 124B
82A 124B
Other contributory causes of importance: Central edema

Name of operation..... Date of.....
What test confirmed diagnosis? Test made. 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 W. Keating M. D.
(Signed) W. Keating
(Address) 3720 Washington Blvd

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.

