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.

37295

File No. 9924
Registered No.

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St Louis Mo. No. 2308 A St Louis Ave St. Ward)

2. FULL NAME Michael J. Dunneive

(a) Residence, No. 2308 A. St Louis Ave St., 20 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8th 1866

7. AGE: Years 66 Months — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S&L. Transfer Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Ill.

FATHER
13. NAME Martin Dunneive
14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

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

17. INFORMANT Frances X Dunneive
(ADDRESS) 2308 A. St Louis Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 10th 1932

19. UNDERTAKER Aug Brookland L&U. Co
(ADDRESS) 1421 N 9th St.

20. FILED Nov 10 1932 Alex C Starkey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932 to Nov 9 1932
I last saw him alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Acute Coma Nov 6-32
9 days
59 F
131

Other contributory causes of importance:
Chron nephritis
H B Prostatic

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?
If so, specify
(Signed) J. J. Steegal, M. D.
(Address) 9901 Walson