

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

Do not use this space.

37953

**1. PLACE OF DEATH**

County..... Registration District No. 707  
 Township..... Primary Registration District No. 20008  
 City St. Louis (No. 5327, Cote Brilliant)  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 5327 Cote Brilliant St., 6 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Meta Shaughnessy</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 22, 1865</u>		
7. AGE <u>66</u>	YEARS <u>5</u>	MONTHS <u>8</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Motorman 119</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>St. Louis Public Service</u> (c) Name of employer		If LESS than 1 day, .....hrs. or .....min.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington D.C.</u>		
PARENTS	10. NAME OF FATHER <u>Unknown</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland 15</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
14. INFORMANT <u>Meta Shaughnessy</u> (Address) <u>5327 Cote Brilliant</u>		
15. <u>LEG -2 1932</u> FILED <u>19</u> <u>May C. Stanley</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1931 to Nov. 30, 1932  
 that I last saw him alive on Nov. 30, 1932 and that death occurred, on the date stated above, at 10 45 10 30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis chronic accelerated  
by fall chondritis Nov 3, 1932  
1931 Accident  
 (duration) 8 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis  
 (duration) 5 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY? (X)  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) H. Katheris M. Schulz M. D.  
Nov. 30, 1932 (Address) Congress Hotel

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Memorial Park Cemetery</u>	DATE OF BURIAL <u>Dec. 3 1932</u>
20. UNDERTAKER <u>Brehmann &amp; Koval</u>	ADDRESS <u>1905 Union</u>

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.

*OK J. W. D. every body, however.*

