

WRITE PAINLY, 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.

41773

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 6083

City St. Louis (No. City Hospital)

File No.

Registered No. 10851

St. Ward)

2. FULL NAME

(a) Residence, No. 1221^a Chambers St., 26 Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 21

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. 1:37

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

13. NAME Alexander Mc Bride

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

15. MAIDEN NAME Mary Martin

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

17. INFORMANT Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Dec 9 1932

19. UNDERTAKER A. Kron & Co (ADDRESS) 2507 N Grand

20. FILED DEC -7 1932 Ray C. J. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24th, 1932, to Dec. 6th, 1932. I last saw him alive on Dec 6th, 1932. Death is said to have occurred on the date stated above, at 5:26 PM. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Chr. Myocarditis
930

Name of operation None Date of.....
What test confirmed diagnosis? Clinical 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? No
If so, specify.....
(Signed) Maurice R. Belk M. D.
(Address) City Hospital

McBride