

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Mo. (No. Sanitarium) St. _____ Ward _____

File No. **42200**
Registered No. **11330**

2. FULL NAME

(a) Residence, No. 1937 Penn St., 13 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 yrs. 7 mos. 25 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 7 24

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Bernard T. Koon, M.D.
(ADDRESS) 5300 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ballyvary DATE Dec 27, 1932

19. UNDERTAKER Fenny Lechner Ltd Co.
(ADDRESS) 1417 N. 7th St. St. Louis

20. FILED DEC 21 1932 By C. Stacey
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1930, to December 19, 1932
I last saw him alive on December 18, 1932. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute myocardial Failure Date of onset 12/18/32
930
930
930
Other contributory causes of importance:
Chronic Myocarditis

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? Yes
If so, specify _____
(Signed) Bernard T. Koon, M. D.
(Address) 5300 Arsenal St.

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.

