

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

Do not use this space.

7582

1. PLACE OF DEATH

County Missouri

Registration District No. 701

Township St. Louis, Mo.

Primary Registration District No. 40003

City St. Louis, Mo. (No. Sanitarium)

File No. _____

Registered No. 1538

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Joseph M. Cliskey
15400 Arsenal St., 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 79

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Sanitarium
10. Date deceased last worked at this occupation (month, and year) Jan. 1933 11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

FATHER 13. NAME Unknown

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

MOTHER 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 Cabany Cemetery DATE Feb. 15, 1933

19. UNDERTAKER John A. Gentleman
(ADDRESS) 10077 Despard Ave.

20. FILED FEB 14 1933 Not Stamped
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1933, to February 13, 1933

I last saw him alive on February 12, 1933. Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset 2/1/33+

131
93C
97

131

Other contributory causes of importance:

Generalized arteriosclerosis
Chronic nephritis

2/1/33+
2/13/33+

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Bernard T. Koon, M. D.

(Address) 5300 Arsenal St.

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.

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Handwritten signature