

**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. **10053**

City .....

(No. **St. Louis** City Hospital)

File No. **18124**

**18124**

Registered No. **4330**

**4330**

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence, No. **4562**

(Usual place of abode) **no. Bldg. 9**

Length of residence in city or town where death occurred **45** 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) **Aug. 1st 1857**

7. AGE YEARS **75** MONTHS **9** DAYS **15** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Partner**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Mr. Elect**

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) **County Wexford**

13. NAME **Pat. Cairn**

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

15. MAIDEN NAME **Elizabeth Sheahy**

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

17. INFORMANT (ADDRESS) **Hospital information**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calony Cemetery** DATE **May 19 1933**

19. UNDERTAKER (ADDRESS) **Cullinane Bros. 1710 N. Grand Blvd.**

20. FILED **MAY 11 1933** **J. F. Hedrick** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 16th 1933**

22. I HEREBY CERTIFY That I attended deceased from **May 11th 1933** to **May 16th 1933**

I last saw **him** alive on **May 16th 1933** Death is said to have occurred on the date stated above, **4:00 a.m.**

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

**Chronic Myocarditis**

**Carcinoma of Esophagus**

Other contributory causes of importance:

**4:00**

Name of operation ..... Date of .....

What test confirmed diagnosis? **clin. X-ray** 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) **J. Coleman**, M. D.

(Address) **City Hospital**

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.

