

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

Do not use this space.

**25018**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. St. John's Hospital)

File No. ....  
Registered No. 6435  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4332 Verde St., 19 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
About 52 - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) St. Louis

13. NAME Matthew Lacey

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

15. MAIDEN NAME Eliza Brown

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

17. INFORMANT Mrs. Mary E. Murray (ADDRESS) 4332 Lantelle

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabany DATE July 27 1938

19. UNDERTAKER Catharine J. Donnelly and Co. (ADDRESS) 3540 Lantelle

20. FILED 23 1938 J. F. Bredbeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1938  
22. I HEREBY CERTIFY That I attended deceased from 7-9 1938, to 7-23 1938  
I last saw h. live alive on 7-23 1938 Death is said to have occurred on the date stated above, at 11:58 a.m.  
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus  
Venous thrombosis  
Hypertension  
Date of onset 2-3 mo.  
Other contributory causes of importance: 59  
59  
115A  
102

Name of operation ..... Date of .....  
What test confirmed diagnosis? Cliv. + neg 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. F. Bredbeck M. D.  
(Address) Wall Bldg.

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.

APR 30 1938

15-4  
15-1  
15-15

