

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 10083
(No. 1442 North 11th)

File No. 25065
Registered No. 6482
St. Ward)

2. FULL NAME

(a) Residence, No. 1442 North 11th St. 75 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 (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 18

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

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 Bryan McGill

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

15. MAIDEN NAME Kate Oconnor

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

17. INFORMANT Eugene McGill (ADDRESS) 1442 North 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Walverly Cem DATE July 27 1933

19. UNDERTAKER Quill in and Bros. (ADDRESS) 1710 N. Grand Blvd.

20. FILED JUL 26 1933 J. F. Brubaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 24 1933

22. I HEREBY CERTIFY That I attended deceased from July 23rd, 1933, to July 24th, 1933
Last saw him alive on 7-23-1933. Death is said to have occurred on the date stated above, at 5:30 p.m. 7-24-33
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____
85.A
J. F. Brubaker
Other contributory causes of importance: _____
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify Harvey E. Attitude, M. D.
(Signed) Harvey E. Attitude (Address) 1452 1/2 E. 11th 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.

AUG 26 1933

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Dr. Harvey E. Altheimer

1452a N. 11th St.

Virgil Spencer