

**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. 701
Township..... Primary Registration District No. 222
City St. Louis (No.) St. Ward) 16

File No. 30980
Registered No. 7650

2. FULL NAME

Thomas O. Hearn
(a) Residence, No. 3807 Kestrel St. 16 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jamie O. Hearn.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14, 1893</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>7</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1 - 1926</u>	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
FATHER	13. NAME <u>Patrick O. Hearn.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Tracy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland.</u>	
17. INFORMANT (ADDRESS) <u>Katie Murphy Sister 3807 Kestrel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Sept. 16, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Decor. Hoffmister 4426 Cambridge</u>		
20. FILED <u>SEP - 5 1933</u> <u>J. P. Redick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1933 to Sept 3rd, 1933
I last saw him alive on Sept. 3rd, 1933 Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Bronchial Pneumonia

Other contributory causes of importance
1) Gastric Ulcer
2) Chn. Myocarditis

Name of operation Post-Gastroenterostomy Aug 11, 1933
What test confirmed diagnosis? 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?
If so, specify
(Signed) Reg. J. P. Piroth M. D.
(Address) St. Vincent Desloge Hosp.

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.

951-201833

