

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

Do not use this space.

35070
9283

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 202
City St Louis (No. 2941, Montgomery) St. Ward)

2. FULL NAME

(a) Residence, No. 2941 Montgomery St., 20 Ward.
(Usual place of abode) (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>Female</u>	4. COLOR OR RACE <u>White</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>James A Kehos</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-21-1870</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>10</u>
		DAYS
		<u>05</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		
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) <u>St Louis</u>		
13. NAME <u>Hugh Cullen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Elizabeth Rigney</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>James A Kehos</u> (ADDRESS) <u>2941 Montgomery</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>Oct-30</u> , 19 <u>33</u>		
19. UNDERTAKER <u>Pullinave Bros</u> (ADDRESS) <u>1710 N. Grand Ave.</u>		
20. FILED <u>11-13-19</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1933, to Oct 26, 1933
I last saw him alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 6:45 p. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset Oct 23

Other contributory causes of importance:
Colloid Goiter, Hypertension, Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinically 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) E. A. Schweninger, M. D.
(Address) 4420 Natural Bridge

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.

NOV 10 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MOTHER FATHER 15-1-1933

Mr Schwinger

4470 Kell. Bldg