

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

Do not use this space.

37741

1934

1. PLACE OF DEATH
 County St. Louis Registration District No. 786
 Township Central Primary Registration District No. 22269
 City St. Louis, Mo. (No. 3118) Kaeleide Rd. Maplewood (Ward) 58
 2. FULL NAME Edward J. Kearney
 (a) Residence, No. 3118 Kaeleide Rd. St., _____ 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 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) July 21 - 1897
 7. AGE YEARS 36 MONTHS 3 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 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 Missouri
 MOTHER 13. NAME William Kearney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 15. MAIDEN NAME Elizabeth M^e Evoy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 17. INFORMANT Mrs Elizabeth Kearney
 (ADDRESS) 3118 Kaeleide Rd.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Nov. 17 1933
 19. UNDERTAKER E. J. Schum
 (ADDRESS) 3125 Lafayette Av.
 20. FILED 11/15 1933 Mercedes Schuster
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 11/12 1933 to 11/14/33, 19____
 I last saw him alive on 11/14/33, 19____ Death is said to have occurred on the date stated above, at 7:55 a.m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 11/7/33
Bronchial Asthma 1918
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Ex. 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. E. V. Ingram, M. D.
 (Address) 2901 Big Bend Pl.

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.

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