FEB 27 1934

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

Do not use this space.

2401

1. PLACE OF DEATH

County St. Louis — Registration District No. 785 — File No. 1

Township ~~Central~~ — Primary Registration District No. 3037 — Registered No. 38

City Kirkwood (No. 1016 No. Taylor Ave. St. Ward)

2. FULL NAME Thomas English

(a) Residence, No. 1016 No Taylor Ave St., Ward. Kirkwood Mo.
(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): W

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Catherine English

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 12 1846

7. AGE: YEARS 87. MONTHS 9 DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mississippi Glass Co.

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): Ireland

FATHER

13. NAME: Thomas English

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Miss Catherine Gillespie, 1016 No. Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Jan 17 1934

19. UNDERTAKER (ADDRESS): Mullen Und. Co. 5165 Delmar Blvd.

20. FILED 1-15 1934 Anabel T. Engle, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1934 to 1/15, 1934

I last saw him alive on 1/14, 1934. Death is said to have occurred on the date stated above, at 4:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
R Cerebral hemorrhage	1/10/34
82A	
162	

Other contributory causes of importance: Senility

Name of operation: none — Date of

What test confirmed diagnosis? Examination — 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) C. H. Leslie, M. D.

(Address) Kirkwood, Mo.

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.

Dr. C. H. Leslie
1249 Adams
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