

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

B-27 1934

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.

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. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City 1003)

File No. 2538
Registered No. 122
St. Ward

2. FULL NAME

(a) Residence, No. 2049 Hillway 23rd 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 M.	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Mooney		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 1870		
7. AGE	YEARS 63	MONTHS 10
	DAYS 19	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor	
	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) Illinois		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
	15. MAIDEN NAME Unknown	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
	17. INFORMANT Wm. H. Hays	
	18. BURIAL, CREMATION, OR REMOVAL PLACE Catawissa mo. DATE Jan 6, 1934	
19. UNDERTAKER Albert A. Nappé		
20. FILED J. W. Briedeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1933, to 1/3, 1934. I last saw him alive on 1/2, 1934. Death is said to have occurred on the date stated above, at 2:50 a.m. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

1. Ruptured Aneurysm of the Brain
2. Bronchopneumonia

Name of operation Laparotomy Date of operation
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1934. 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) J. J. Sauer (M. D.)
(Address) City Hosp #1

