

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

Do not use this space.

2649

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township St Louis Primary Registration District No. 1008  
 City St Louis (No. City Hospital)

File No. ....  
 Registered No. 268 Ward

**2. FULL NAME**

(a) Residence, No. 3502 Pine St. 21 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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) Aug 15, 1868  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. of ..... min.  
65 4 21

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Widow  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
 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 Mo

FATHER  
 13. NAME Patrick Tierney

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

MOTHER  
 15. MAIDEN NAME Margaret Ryan

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

17. INFORMANT (ADDRESS) Widow J. McNeal City St Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 8, 1934

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly 46 3845 Grand St St Louis Mo

20. FILED W.H.V. - 1, 1934 J. W. Beck Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1934  
 22. I HEREBY CERTIFY That I attended deceased from 1/5, 1934 to 1/6, 1934  
 I last saw her alive on 1/6, 1934. Death is said to have occurred on the date stated above, at 8:30 m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset  
Arterio Sclerotic Heart Disease  
936 Chronic Myocarditis  
936 Auricular Fibrillation  
936 Cardiac Decompensation  
 Other contributory causes of importance

Name of operation ..... Date of .....  
 What test confirmed diagnosis? lin 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) J. W. Beck M. D.  
 (Address) City Hospital

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. 1934  
 THIS IS A PERMANENT RECORD

