

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

EB 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.

2807

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **1108 Arsenal St.**) St. Ward)

File No.
Registered No. **493**
St. Ward)

2. FULL NAME

Michael J. Wren
(a) Residence, No. **1108 Arsenal St.** St. **24** 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Wren		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1873		
7. AGE YEARS 60	MONTHS 9	DAYS 9
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber		
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) Indianapolis Ind		
13. NAME Thomas Wren		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
15. MAIDEN NAME Nora Hanrahan		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
17. INFORMANT Emma Wren (ADDRESS) 1108 Arsenal St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter & Paul DATE Jan. 13-1934		
19. UNDERTAKER (ADDRESS) Ziegenhein Bros., 26 1/2 S. Cherokee St. St. Louis 1934		
20. FILED 19		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 10-1934**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1** 19**34**, to **Jan 10** 19**34**
I last saw him alive on **Jan 10** 19**34**. Death is said to have occurred on the date stated above, at **5:10 P.M.**

The principal cause of death and related causes of importance were as follows:
Acute Myocarditis 9 day
Chronic Interstitial Nephritis 1 year

Other contributory causes of importance:
None

Name of operation **None** Date of
What test confirmed diagnosis? **Physical** 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?
If so, specify
(Signed) **Julius Dan Rutter** M. D.
(Address) **2603 Cherokee St.**

Registrar.

