

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.

MAR 24 1934

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. **701**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **3678 Laclade**)

File No. **6971**
Registered No. **1844**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. **18** Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/> HUSBAND OR (OR) WIFE OF Dennis Meehan				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10th. 1871				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
62yrs		6mo	5 days	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife				
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) **Ireland**

13. NAME **John Lovett**

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

15. MAIDEN NAME **Johanna Neinan**

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

17. INFORMANT **Mary Weisman**
(ADDRESS) **3678 Laclade Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cent** DATE **Feb 22nd 1934**

19. UNDERTAKER **Harrigan & Sheahan Und Co**
(ADDRESS) **4415 Washington Blvd**

20. FILED **FEB 21 1934**
J. Prebeck
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 20th. 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 14**, 1934, to **Feb 20**, 1934.
I last saw him alive on **Feb 19**, 1934. Death is said to have occurred on the date stated above, at **7:29** a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 2 yrs
1116
100
Other contributory causes of importance:
Arteriosclerosis of both legs 7/10-24
Wounds from automobile 7 days
Swelling of both legs

Name of operation _____ Date of _____
What test confirmed diagnosis? **Spectroscopy** 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) **George W. Flynn** M. D.
(Address) **831-74 Missouri Bldg**

