

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 786

Township Central

Primary Registration District No. 4469

City Maplewood (No. 7229 Anna Ave.)

File No. 21715

Registered No. 24 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. 7229 Anna Ave. St. \_\_\_\_\_ 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 Bridget M. Carr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quarry worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry

10. Date deceased last worked at this occupation (month and year) Retired 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipperary Ireland

MOTHER FATHER 13. NAME John Carr

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) Mrs. T. A. Mahon 7229 Anna Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's (Link) DATE 6/27 '34

19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc. 7176 Manchester Ave.

20. FILED July 10 1934 Pauline Britenstern Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to June 25, 1934  
First saw him alive on June 24, 1934. Death is said to have occurred on the date stated above, at 5:25 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset June 1933  
131  
131  
Other contributory causes of importance: Chronic interstitial nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Dr. Brossard M. D.  
(Address) 3500 Cambridge Maplewood

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.

THE  
FIRST  
PART  
OF  
THE  
HISTORY  
OF  
THE  
CITY  
OF  
NEW  
YORK  
FROM  
1624  
TO  
1666  
BY  
JOHN  
BURNETT  
1898