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.: 789 — File No.: 21750
Township: Central — Primary Registration District No.: 6033B — Registered No.: 175
City: ..... (No.) Thorpe Ave. Overland (St.) Mo. (Ward)

2. FULL NAME Dennis J. Tuohy — Tuohy P.A.
(a) Residence, No. Thorpe 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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Inza M. Tuohy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 1, 1877
7. AGE: Years 56 | Months 9 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor of 13
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Saloon
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: John Tuohy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Inza M. Tuohy Overland Mo.
18. BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory DATE 6-23, 1934
19. UNDERTAKER (ADDRESS): Chas. A. Stuart 1225 Union Blvd.
20. FILED 6-22, 1934 H. Baechmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1934 to June 21, 1934
I last saw him alive on June 21, 1934. Death is said to have occurred on the date stated above, at 10 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Nephritis Disease	
Uremic Anasarcia	

Other contributory causes of importance:
Focal infection

Name of operation: None Date of:
What test confirmed diagnosis? 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) F. L. Dudley, M. D.
(Address) 920 E. Milton

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.

WRITE PLAINLY, WITH INK, IN BLACK OR BLUE-BLACK INK ONLY.

Dr. L. L. Linley
9209 Milton

Winfield 0216