WHITE 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.

DEC 13 1934

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

Do not use this space.

40800

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Home of Aged St. ..... Ward)

File No. .....

Registered No. 10741

2. FULL NAME Mary Kiely

(a) Residence, No. 2209 Hebert St., 20 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James F Kiely Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2th 1864

7. AGE: 70 YEARS 6 MONTHS 6 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper
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): St Louis Mo

FATHER

13. NAME: Davis Tynan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Mary Maher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Sister Jeanne 2209 Hebert

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Nov 9th 1934

19. UNDERTAKER (ADDRESS): Arthur J Donnelly N. Co 3840 Lindell Bl

20. FILED: NOV -9 1934 Jos. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934 to November 8, 1934

I last saw her alive on Nov. 7, 1934. Death is said to have occurred on the date stated above, at 2 45 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Oct. 30 1934

107A

93A

107A

Other contributory causes of importance: Acute Myocarditis

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical 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) Anthony A. Prekowski, M. D.

(Address) 1525 a Cass Ave.