

DEC 13 1934

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

Do not use this space.

41404

1. PLACE OF DEATH

County _____

Registration District No. 8.1

Township _____

Primary Registration District No. 10.1City St. Louis (No. 5041)Menemora 4

File No. _____

Registered No. 11391

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____

(Usual place of abode)

No. 6 Ward.

(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

FemaleWhiteWidowed

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Michael J. Grady

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

Sept 24 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

6425

OCCUPATION

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

at Home

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)

Iowa

FATHER

13. NAME

Patrick Cunningham

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

Ireland

MOTHER

15. MAIDEN NAME

Anna Karr

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

Ireland

17. INFORMANT (ADDRESS)

Off. Michael J. Grady
1517 Lambert St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Dec 3rd

1934

19. UNDERTAKER (ADDRESS)

Arthur J. Donnelly & Co
3840 Broadway St.

20. FILED

NOV 29 1934J. F. Bredebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

11-29 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 21, 1934, to Nov. 29, 1934I last saw her alive on Nov. 29, 1934. Death is saidto have occurred on the date stated above, at 11:25 P. m.

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

Acute enteritis,Date of onset
Nov. 20, 34

Other contributory causes of importance:

Name of operation No operation Date _____What test confirmed diagnosis? Physical examination 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) M. D. JenningsM. D. Jennings

M. D.

(Address) 4101 Washington Blvd.

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.

M. L. Jennings
4100 Washington