

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

Do not use this space.

FEB 8 1 1935

791
1003

3347

1. PLACE OF DEATH

County..... Registration District No. 1003 File No.
Township..... Primary Registration District No. Registered No. 646
City St. Louis (No. 2312 Tower Grove Ave) St. Ward)

2. FULL NAME

(a) Residence, No. St. 17 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John McQuade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28th 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 11 18

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) St. Louis Missouri

13. NAME Thomas Knox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Hattie Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) John McQuade 2312 Tower Grove Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Dalway Cemetery DATE 1/19 1935

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly 3840 Lindbergh Blvd

20. FILED 17 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7 1934, to Jan. 16 1935

I last saw her alive on Jan. 16 1935. Death is said to have occurred on the date stated above, at 4:05 P. m.

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

Pulmonary Tuberculosis not known

Other contributory causes of importance: none

Name of operation Date of
What test confirmed diagnosis postum 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) Lawrence Schlenker, M. D.
(Address) 3515 S. Grand Bl

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.

Dr L Schlenker
3515 S Grand Ave
9 am