

MAY 3 1935

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

Do not use this space.

14603

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** No. **4117** **Flad Ave**

File No.
Registered No. **3437**
St. Ward)

2. FULL NAME

(a) Residence, No. **4117 Flad Ave.** Ward. **17**
(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. (If nonresident, give city or town and State)

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 **Elizabeth Muldoon**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 9, 1878**

7. AGE YEARS **57** MONTHS **3** DAYS **4** If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Famous-Bar**

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

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

13. NAME **Bernard Muldoon**

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

15. MAIDEN NAME **Bessie Carrigar**

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

17. INFORMANT **Mrs. Elizabeth Muldoon** (ADDRESS) **4117 Flad Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory** DATE **April 16, 1935**

19. UNDERTAKER **C. R. Lupton & Sons** (ADDRESS) **4449 Olive Street**

20. FILED **APR 15 1935** **J. J. Bredenk** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 13th, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 31** - 1935, to **Mar. 31** - 1935

I last saw him alive on **Mar. 31** - 1935. Death is said to have occurred on the date stated above, at **10:30 P.M.**

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

Chronic Myocarditis Date of onset

Other contributory causes of importance: **131**
Chronic Bronchopneumonia

Name of operation **None** Date of

What test confirmed diagnosis? **Urinalysis** 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 **Yes**

(Signed) **W. L. Lupton**, M. D.
(Address) **611 1/2 Pa. St.**

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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