

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.

JUN 13 1936

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

Do not use this space.

18483

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
1003
Primary Registration District No. Little Sisters of the Poor 22 + Helms

File No.....
Registered No. 48317 Ward)

2. FULL NAME

Michael J. Kidney

(a) Residence, No. Little Sisters St. 20 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1857

7. AGE YEARS 78 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.

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

13. NAME Thomas Kidney

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Michael Kerner 4549 Michuta w 8

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE June 3 1936

19. UNDERTAKER (ADDRESS) Cullinane Bros 1710 W. 4th and

20. FILED JUN -1 1936 J. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1935

22. HEREBY CERTIFY, That I attended deceased from March 14, 1935, to May 31, 1935. I last saw him live on May 31, 1935. Death is said to have occurred on the date stated above, at 12 noon m.

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

Chronic Interstitial Nephritis

Date of onset

131

Other contributory causes of importance: Arteriosclerosis

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. Prekacke, M. D.
(Address) 1525 a Cass Ave

1111