

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

Do not use this space.

1. PLACE OF DEATH **JUL 12 1935**

791

21421

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

St..... Ward.....

2. FULL NAME **Thomas M. Aleenan**

(a) Residence, No. **3650 Olive St.** St., **19** 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) Divorced		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridget M. Aleenan				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1867				
7. AGE	YEARS 67	MONTHS 10	DAYS 4	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter			
	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) Island				
MOTHER / FATHER	13. NAME James M. Aleenan			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island			
	15. MAIDEN NAME Ecclia M. Carter			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island			
17. INFORMANT Ecclia M. Aleenan (ADDRESS) East St. Louis, Ill.				
18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis, Ill. DATE June 27 1935				
19. UNDERTAKER (ADDRESS) Walsh Reed & Sons, 8 St. Louis, Ill.				
20. FILED JUN 21 1935 J. F. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June - 20, 1935**

22. I HEREBY CERTIFY That I attended deceased from **June 17, 1935** to **June 19, 1935**

I last saw him alive on **June 19, 1935** Death is said to have occurred on the date stated above, at **10 a. m.**

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

- Chronic Cardio-Valvular Disease**
- Chronic Myocarditis**
- Interstitial Nephritis Chronic**

Date of onset

Other contributory causes of importance:

131

Name of operation..... Date of.....

What test confirmed diagnosis? **Pathology** 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 **William E. Rubenstein, M. D.**
 (Address) **4069 Easton Av. St. Louis, Mo.**

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.

