

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.

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

Do not use this space.

NOV 9 1935

34669

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City *St. Louis* (No. *2221 University*)

File No.
Registered No. **9142**
St. Ward)

2. FULL NAME *Daniel P. Kinealy*

(a) Residence, No. *4*, *20* Ward.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 30th*, 19*35*

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

22. I HEREBY CERTIFY, That I attended deceased from *June 1st*, 19*32*, to *Oct 30th*, 19*35*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 17 1899*

I last saw h. *live* alive on *Oct 29th*, 19*35* Death is said to have occurred on the date stated above, at *6³⁰ A. M.*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 *36* *3* *13*

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

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

Hemiplegia (rt) due to 1 day arteriosclerosis Date of onset *3 yrs*

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

Other contributory causes of importance: *Ch. hepatitis* *13* *year*

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

13. NAME *John Kinealy*

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

15. MAIDEN NAME *Mary Regan*

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

17. INFORMANT (ADDRESS) *Mary Kinealy*
2221 University St

18. BURIAL, CREMATION OR REMOVAL PLACE *Babray* DATE *11-2*, 19*35*

19. UNDERTAKER (ADDRESS) *Arthur J. Donnelly & Co*
3840 Broadway, St. Louis

20. FILED *1* 1935 *St. Predeck* Registrar.

Name of operation Date of
What test confirmed diagnosis? *Lat* Was there an autopsy? *Yes*

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

(Signed) *Arthur J. Donnelly*, M. D.
(Address) *2221 University St*

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