

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.

JAN 13 1936

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

Do not use this space.

41469

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** No. **4016 Blaine av.** St. Ward)

File No.
Registered No. **10705**
St. Ward)

2. FULL NAME

Thomas M^e Entee
(a) Residence, No. **4016 Blaine av.** 18 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

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret M^e Entee		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27-1853		
7. AGE YEARS 82	MONTHS 2	DAYS 20
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Clerk
	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) **Ireland**

13. NAME **Thomas M^e Entee**

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

15. MAIDEN NAME **Mary Habastoff**

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

17. INFORMANT **Mr. Tho. J. M^e Entee**
(ADDRESS) **4016 Blaine av.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Cathary Cem.** DATE **Dec. 19 1935**

19. UNDERTAKER **E. J. Schmur**
(ADDRESS) **3125 Lafayette av.**

20. FILED **18 1935** 19 **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 17 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 9 1935**, to **Dec 17 1935**
I last saw him alive on **Dec. 16 1935**. Death is said to have occurred on the date stated above, at **8:00 a.m.**
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
93C
Date of onset **12-1-35**

Other contributory causes of importance:
Chronic myocarditis
Generalized arterio-sclerosis

Name of operation Date of
What test confirmed diagnosis? 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) **John A. Tirant** M. D.
(Address) **3902 Russell**

