

MAR 12 1936

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

Do not use this space.
7633

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. 5591) Page Blvd.

File No.
Registered No. 1283
St. Ward)

2. FULL NAME

(a) Residence, No. 5591 Page St. 6 Ward.
(Usual place of abode)

(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 Male
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Mc Auliffe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1874
7. AGE YEARS 61 MONTHS 9 DAYS 1
If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blastering Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Contractor
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 John Mc Auliffe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Margaret Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Margaret Mc Auliffe 5591 Page Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 5, 1936

19. UNDERTAKER (ADDRESS) Charles J. Stueck 225 Union Blvd

20. FILED J. B. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 2nd, 1936, to February 2nd, 1936
I last saw him alive on February 2nd, 1936. Death is said to have occurred on the date stated above, at 2:50 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Interstitial Nephritis
Date of onset

Name of operation Date of
What test confirmed diagnosis? Cholest 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) A P Mynsch, M. D.
(Address) 306 Humboldt Bldg

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.

