

MAR 12 1936

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

Do not use this space.

7756

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis* (No. *1409*)City *St. Louis*

File No.....

Registered No. 1417

St. Ward)

2. FULL NAME

(a) Residence, No. *1421*
(Usual place of abode)City *St. Louis* Ward *21*

(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)
*Widowed*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF *Deceased*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 15 1866*

7. AGE

YEARS *70*MONTHS *10*DAYS *19*If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *W*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) *Ireland*

FATHER

13. NAME *Tom Whalen*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) *Ireland*

MOTHER

15. MAIDEN NAME *Mary Houshey*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) *Ireland*17. INFORMANT *Joseph J. Keefe*(ADDRESS) *City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Cathedral*DATE *Feb 8*

1936

19. UNDERTAKER *Harris and Sheppard*(ADDRESS) *4418 Washington*

20. FILED

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FEB - 7 1936

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/4/36* 19

22. I HEREBY CERTIFY, That I attended deceased from

2/4 19*36* to *2/4/36* 19I last saw him alive on *2/4/36* Death is saidto have occurred on the date stated above, at *8:30* p.

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

*Essential asthma
Regenerative hemoglobinemia*

Date of onset

Other contributory causes of importance: *930*

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

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) *J. M. Keefe*City *St. Louis*, M. D.(Address) *City St. Louis*

Registrar.

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.

