

MAY 7 1936

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

Do not use this space.

791

16986

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. 1907<sup>a</sup>, *Madisonmont Ave*)

File No.....

Registered No.....

3737

St.....

Ward.....

2. FULL NAME

(a) Residence, No. 1907<sup>a</sup> *Madisonmont Ave*  
(Usual place of abode)

Ward. *6*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Male*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*

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

*Winifred Keenan*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*August 15, 1862*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*73*

*7*

*21*

OCCUPATION

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

*Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*unskilled*

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*

MOTHER FATHER

13. NAME

*Don't know*

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

*Don't know*

15. MAIDEN NAME

*Don't know*

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

*Don't know*

17. INFORMANT (ADDRESS)

*Mrs. Mary Sack  
1907<sup>a</sup> Madisonmont Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calvary Cemetery* DATE *April 8, 1936*

19. UNDERTAKER (ADDRESS)

*Geo. L. Plitschi, Inc.  
59 66 Eastern Ave*

20. FILED

*APR 6 1936 J. F. Bredeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 5, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *March 18<sup>th</sup>, 1936, to April 5<sup>th</sup>, 1936*

I last saw him alive on *April 5<sup>th</sup>, 1936*. Death is said

to have occurred on the date stated above, at *3:30 a.m.*

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

*Uremia (acute)*

Date of onset *4-2-36*

Other contributory causes of importance:

*Chronic Nephritis  
Prostatic Hypertrophy*

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? *✓*

If so, specify

(Signed)

*James D. Hicks  
16201 Lotus Ave.*

(Address)

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.

Dr. J. J. Jones

6204 Lotus Ave.

mu 1650

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