MAY 8 1936

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

Do not use this space.

17930

791

1003

File No.

Registered No. 4756

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hosp St. Ward)

Registration District No.

Primary Registration District No.

B-1449

2. FULL NAME Thomas Rooney

(a) Residence, No. 4244 St. Ward 19
(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 M

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1890

7. AGE YEARS 45 MONTHS 9 DAYS 3 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

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) St Louis Mo

FATHER

13. NAME John M. Rooney

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

MOTHER

15. MAIDEN NAME Margaret Dervin

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

17. INFORMANT (ADDRESS) Hosp Sup Ch Health City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE May 2 1936

19. UNDERTAKER (ADDRESS) Chas. S. Stuart 1225 Union Blvd

20. FILED APR 30 1936 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29/36 19

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1936 to 4/29/36, 19

I last saw him alive on 4/29, 1936. Death is said to have occurred on the date stated above, at 2:10 a.m.

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

Lobar Pneumonia

Date of onset

108

Other contributory causes of importance:

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) Roy Greenbaum, M. D.

(Address) City Hosp

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.