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.

JUN 5 1936

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

791

Do not use this space.

17970

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St Louis (No. St Anns Home St. ..... Ward)

File No. .....

Registered No. 4798

2. FULL NAME Annie Hickey

(a) Residence, No. 5719 Etzel St., 5 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: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas J Hickey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 28th 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	4	2	

OCCUPATION

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

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: Thomas McGrane

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

MOTHER

15. MAIDEN NAME: Mary McCormack

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

17. INFORMANT (ADDRESS): Mary A. Owens 5719 Etzel av

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 5-4 1936

19. UNDERTAKER (ADDRESS): Arthur J Donnelly 4660 3840 Lindell Blvd

20. FILED MAY 1 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Apr 30, 1936

I last saw her alive on Apr 30, 1936. Death is said to have occurred on the date stated above, at 7:25 P m.

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

	Date of onset
Chronic myocarditis	
General arterial sclerosis	

Other contributory causes of importance: Hypostatic pneumonia Bronchitis 4-9-36

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? no Date of injury ....., 19....

Where did injury occur? no (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) Eugene J Wheeler, M. D.

(Address) Missouri Bldg.

Eugene O'Malley
Mo Thomas Res
S-6