JUL 27 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis. Registration District No. 785 File No. 24099

Township Bonhomme Primary Registration District No. 6031 Registered No. 74

City (No. Rott Road Box 371 Kirkwood R 12 St. Ward)

2. FULL NAME Martin J. McEntee

(a) Residence, No. Rott Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna M. McEntee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 9, 1871

7. AGE: Years 64 Months 10 Days 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener
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): St. Louis, Mo.

FATHER

13. NAME: Thomas McEntee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Anna Mannion
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Anna McEntee Rott Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS. Peter and Paul Cem. DATE June 27, 1936

19. UNDERTAKER (ADDRESS): J. H. Gebken L and U Co. 2842 Meramec St.

20. FILED 6/25 1936 Agnes C Kelly Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936, to June 25, 1936

I last saw him alive on June 23, 1936. Death is said to have occurred on the date stated above, at 2 40 A.m.

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

	Date of onset
Acute Dilatation of Heart	at once
93	
Other contributory causes of importance:	
Chronic Myocarditis	?
Arteriosclerosis	?

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) C. E. Barnett, M. D.

(Address) 309 Kirkwood Rd Kirkwood Mo

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.