

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.

JUL 14 1936

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

Do not use this space.

24307

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City St. Louis (No. 200 Paul Hospital)

File No.
Registered No. **5921**
St. Ward)

2. FULL NAME

Anna B. M^{rs} Kernan

(a) Residence, No. 2521 Howard St., 20 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3 - 1896</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>11</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telephone operator</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936, to June 7, 1936.
I last saw him alive on June 7th, 1936. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:
Uremia
St. Louis Hospital
Results of Paracentesis
Kernan Page 958
Date of onset 3 days
Other contributory causes of importance:
Cardiac and disease
Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Patricia M. M^{rs} Kernan

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

15. MAIDEN NAME Matheson Behan

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

17. INFORMANT Mrs. Marie M^{rs} Kernan
(ADDRESS) 2521 Howard St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Charles DATE 6-10, 1936

19. UNDERTAKER Arthur J. Donnelly U. Co.
(ADDRESS) 831 1/2 N. 1st St.

20. FILED JUN 8 1936
J. F. Bredeck
Registrar.

Name of operation Date of
What test confirmed diagnosis? Lab Was there an autopsy? Yes

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 Arthur Sunders, M. D.
(Signed) Arthur Sunders, M. D.
(Address) 7707 University Street

JUN 8 1936

1917 Grand Lodge

2202 Pennsylvania St.

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