

AUG 18 1936

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

Do not use this space.

28350

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City ST. LOUIS MO. (No. 4631) BIRCHER BLVD. St. 7112 Ward)

2. FULL NAME

TERESA KIELY(a) Residence, No. 4631 BIRCHER BLVD 7 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) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1873

7. AGE YEARS 68 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.

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) St. Louis Mo
(STATE OR COUNTRY)13. NAME THOMAS KIELY14. BIRTHPLACE (CITY OR TOWN) IRELAND
(STATE OR COUNTRY)15. MAIDEN NAME MARY HUGHES16. BIRTHPLACE (CITY OR TOWN) IRELAND
(STATE OR COUNTRY)17. INFORMANT Patrick Kiely
(ADDRESS) 4631 Birchler Blvd18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE JULY 14 193619. UNDERTAKER St. Ann's & O'Connell Undertakers
(ADDRESS) 4600 National Bridge St20. FILED 111 13 1936 19 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 12 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him..... alive on, 19..... Death is said

to have occurred on the date stated above, at 2 a.m.

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

Excessive Heat

Date of onset

Other contributory causes of importance: 191Name 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 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) J. J. Bredeck, M. D.
(Address) 4631 Birchler Blvd

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.

WHITE—BARNETT WITH ON-PAIDING INTERESTS IS A PERMANENT RECORD

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