

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

Do not use this space.

REG. 3 1936
PLACE OF DEATH

791
1003

43075

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital No. 1)..... File No.....
Registered No. 11650..... Ward.....

B. 2. FULL NAME Patrick Haffey
(a) Residence, No. 3636 Hickory St. 18 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 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 Bridget Haffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>59</u>	<u>8</u>	<u>46</u>		

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

13. NAME JOHN HAFFEY

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

15. MAIDEN NAME BRIDGET Wnk.

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

17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE NOV 25 1936

19. UNDERTAKER S. J. Schmitz
(ADDRESS) 3125 J. Kalamette St.

20. FILED 11/24 19 36
J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23/36 19

22. I HEREBY CERTIFY, That I attended deceased from 11/16/36 19 to 11/23/36 19.
I last saw him alive on 11/23/36 19. Death is said to have occurred on the date stated above, at 10.40 a m.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
108

Other contributory causes of importance:
Pylonephrite non Calculi

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?..... 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 William S. Freedman M. D.
(Signed) City Hospital No.
(Address)

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.

