

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

FEB 8 1937
Registration District No.....
Primary Registration District No.....
(No. 1402, Pendleton Ave. 2)

File No. 4286
Registered No. 1350
St. Ward)

2. FULL NAME Anna E Hickey

(a) Residence, No. 1402 Pendleton St., 11 Ward. 1

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29/ 19 37

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24th 1937 to Jan. 29th 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/5/1865

I last saw h. or alive on 1/29/37 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 6 24

to have occurred on the date stated above, at 11:15AM.

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

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

Cardio vascular renal disease, Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215

extreme senile type. Generalized

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

arteriosclerosis, orbital sclerosis,

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

cerebral sclerososis. Myocarditis,

13. NAME Dr. Thomas Kickey

hypertension. Chr. interstitial

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

nephritis.

15. MAIDEN NAME Ellen Murphy

Other contributory causes of importance:

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

Cerebral apoplexy, third convolu-

17. INFORMANT Celine Hickey
(ADDRESS) 1402 Pendleton Ave.

sion area, Hemiplegia right side,

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 2/1/1937 19

Name of operation..... Date of.....

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

What test confirmed diagnosis? cli. Was there an autopsy? no.

20. FILED 30 1937 19 J. Bredt Registrar.

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.....

60. (Signed) Julius J. ... M. D.

(Address) 3918 Jennings St.

1/29/37

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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