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.

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

Do not use this space.

4306

File No.

Registered No. 1370

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5242 Wabada Ave. 2 St. Ward)

Registration District No. FEB 8 1937

Primary Registration District No.

2. FULL NAME Thomas Michael Hennessy

(a) Residence, No. 5242 Wabada Ave St., 6 Ward. 1 (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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Dore Hennessy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 12, 1869

7. AGE: YEARS 67 | MONTHS 11 | 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. Foreman 177

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Water Dept.

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 15

FATHER

13. NAME: Michael Hennessy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER

15. MAIDEN NAME: Mary Lyons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

17. INFORMANT (ADDRESS): Miss Catherine Hennessy, 5242 Wabada Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Feb. 1, 1937

19. UNDERTAKER (ADDRESS): CULLINANE BROS, 1710 N GRAND BLVD.

20. FILED JAN 30 1937 J. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1923, to Jan 28, 1937

I last saw him alive on Jan 22, 1937. Death is said to have occurred on the date stated above, at 3am m.

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

	Date of onset
Valvular heart disease	1923
131	
Other contributory causes of importance:	
Chronic interstitial nephritis	1930
Cystitis chronic catarrhal	1930

Name of operation — Date of

What test confirmed diagnosis? Wrong 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? No

If so, specify

(Signed) [illegible], M. D.

(Address) 1117 N Grand Blvd