

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.

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

U.C.-A. 3
St. Louis

Registration District No.

Primary Registration District No.

(No.

5035 Mandel-ave

791
1003

File No.

Registered No.

St.

Ward

8626
2084

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

Luke Monahan
5035 Mandel

St.

14

Ward.

(If nonresident, give city or town and State)

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

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

Anne Monahan

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

June 8, 1959

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

8

10

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

Machinist

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)

Kentucky

13. NAME

Thomas Monahan

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

Ireland

15. MAIDEN NAME

Kanora Haley

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

Ireland

17. INFORMANT (ADDRESS)

Mrs. Anne Monahan
5035 Mandel

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Feb 22 1937

19. UNDERTAKER (ADDRESS)

Edw. F. Howard + Sons
4212 St. Louis Ave

20. FILED

FEB 19 1937

Registrar

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

Feb 18 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

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

to have occurred on the date stated above, at 7:00 p.m.

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

Cirrhosis of Liver

Date of onset
1936

Other contributory causes of importance:

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? No

If so, specify

(Signed)

(Address)

Edw. F. Howard + Sons
607 N. Grand Ave., M. D.

242

FRID. OCT. 22
24