

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

City Saint Louis (No. 1122 Maple Place)  
 County..... Registration District No.....  
 Township..... Primary Registration District No. **791**  
**1003**  
 St. .... Ward) Registered No. 9875  
2431

2. FULL NAME Jennie Shaughnessy Skein(a) Residence, No. 1122 Maple Place St. 6 Ward.

(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.  
 (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Marion Skein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
5 73 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Saint Louis  
 (STATE OR COUNTRY) Missouri

13. NAME James Shaughnessy

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

15. MAIDEN NAME Eliza Caffrey

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

17. INFORMANT Gregory Skein  
 (ADDRESS) 1122 Maple Place

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary Cemetery DATE 3/3/37

19. UNDERTAKER Shos. J. Finnan  
 (ADDRESS) 1519 South Grand Boulevard

20. MAR 1 1937 19 J. Bredek  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1863 to Feb 28, 1937  
 I last saw her alive on Feb 28, 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

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

Also pleurisy (Central)  
Hemorrhage

Other contributory causes of importance:

Hypertension  
Broncho-Pneumonia  
(terminal)

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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.....  
 (Signed) J. J. Langdon, Jr., M. D.  
 (Address) 5800 E. Missouri St.

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.

899 2  
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Date of onset  
Feb 28 1937

