

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.

JUN 12 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 St. Louis, Mo. (No. City Infirmary)

Registration District No. **791**
Primary Registration District No. **1003**

File No. 18271
Registered No. 4847
St. Ward)

2. FULL NAME John McBride.

(a) Residence, No. 5800 Arsenal St. St. 13 Ward.

(Usual place of abode) City Infirmary. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1870.		
7. AGE YEARS 66	MONTHS 9	DAYS 4
If LESS than 1 day, hrs. or min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 2,** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 22,** 19 **35** to **May 2,** 19 **37**

I last saw him alive on **May 2,** 19 **37** Death is said to have occurred on the date stated above, at **5:45** P.M.

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

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Miner	11. Total time (years) spent in this occupation X
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mine	
	10. Date deceased last worked at this occupation (month and year).....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cartersville, Ills.	
	13. NAME John McBride,	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?	
	15. MAIDEN NAME Louise ?	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?	
17. INFORMANT (ADDRESS) J. G. Sullivan, 5800 Arsenal St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cloony</u> DATE <u>May 12</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>J. A. Stebbins 2842 Maryland</u>		
20. MAY 12 1937 REGISTRAR <u>J. P. Bredeck</u>		

ARTERIOSCLEROSIS, CARDIAC AND GENERALIZED

Pulmonary Edema

Other contributory causes of importance:
Hydro-nephrosis and hydro-ureter, bilat. - cral. non calculous

Name of operation: **Non malignant**

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. P. Bredeck M. D.
(Address) 5600 Arsenal

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