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.

JUL 8 - 1937

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

Do not use this space.

22096

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5848

City St. Louis (No. On Street at 3502 N. 22nd. St. 7 St. ..... Ward)

2. FULL NAME Luke Tiernan

(a) Residence, No. 5020 W. Florrisant Ave. 7 Ward. (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	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 Dorothy Tiernan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	8	26	

OCCUPATION

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

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) St. Louis Mo.

FATHER

13. NAME Luke Tiernan

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

MOTHER

15. MAIDEN NAME Mary Regan

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

17. INFORMANT (ADDRESS) Mrs. Dorothy Tiernan 5020 W. Florrisant Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE June 17, 1937

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Undt. Co. 5840 Lindell Blvd.

20. FILED JUN 15 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/ 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 9 A. m.

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

Fracture of Skull; Subdural Hemorrhage of Brain; Internal Hemorrhage from Ruptured Lung + Liver suffered when he fell from a ladder to the

Other contributory causes of importance:

concrete paved sidewalk of hall way on June 14, 1937 at about 10:05 A. M. at

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? Accident Date of injury 6/14/ 1937

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at 3502 N. 22nd St.

Manner of injury .....

Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph M. Lunn M. D.

(Address) Deputy Coroner

484 9 3