

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

30710

Do not use this space.

1. PLACE OF DEATH REC'D OCT 12 1938

791
1008

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **8147**
 (c) City St. Louis, Missouri Street No. City Sanitarium St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Dorney 650
 (a) Residence, No. Little Sisters of the Poor St. 16
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-38, 19

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

22. I HEREBY CERTIFY, That I attended deceased from 6-1-38, 19, to 9-14-38, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11, 1854
 7. AGE YEARS 84 MONTHS DAYS IF LESS than 1 day, hrs. or min.

I last saw her alive on 9-14-38, 19. Death is said to have occurred on the date stated above, at 4:45 A.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 sawyer, bookkeeper, etc. Nil
 9. Industry or business in which work was done, as saw mill, bank, etc. Nil
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Chronic Myocarditis Date of onset 11-19-36 x

12. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ireland

Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No.

FATHER 13. NAME Jamea Kiernan
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Anna Kiernan
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) H. G. Gerhard, M.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 15, 1938

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly
 (ADDRESS) 3840 Lindell Blvd.

20. SEP 15 1938 Local Registrar.

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 Heart, M. D.
 (Signed) H. G. Gerhard, M. D.
 (Address) 5300 Arsenal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE statement of OCCUPATION is very important. AGE statement of OCCUPATION is very important. AGE statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... *Alfred J. Bedeker*

..... Licensed Embalmer No. *2663*

..... P. O. Address: *4204 Paine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.