

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

30828
Do not use this space.
8265

1. PLACE OF DEATH **REC'D OCT 12 1938**

(a) County **St. Louis** Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1008** Registered No. **8265**
 (c) City **St. Louis** (d) Street No. **5109 S. Kingshighway** Blvd. **St.**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William J. Hennessy**
 (a) Residence, No. **5109 S. Kingshighway** St. **St. Louis** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Alice Hennessy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30, 1880**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	58	1	20	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Passenger agent**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Rock Island R.R.**
 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 **John M. Hennessy**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Mary Baggott**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Alice Hennessy**
 (ADDRESS) **5109 S. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **9-21** 1938

19. FUNERAL DIRECTOR (NAME) **Kriegshauser Mortuaries**
 (ADDRESS) **4228 So. Kingshighway**

20. FILED **1938** **J. F. Breda** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-19** 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **7:35 A.M.**
 The principal cause of death and related causes of importance were as follows:
Fractures skull, hemorrhage due to auto accident near Rock Island R.R. Sept. 17th 1938 about 8:30 P.M. Cause and manner could not be ascertained

Other contributory causes of importance:
See above

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 **9/17** 1938
 Where did injury occur? **Rock Island R.R.** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **See above**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Alfred J. Perry**
 (Signed) **Alfred J. Perry** (Address) **Deputy Coroner**

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.

ST-15 So. Grand Ave. St. Paul, Minn. La. 5500

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.....

Edmund M. Bennett

Licensed Embalmer No.....

3086

P. O. Address.....

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.