

REC'D MAR 13 1939

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

4614

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

(d) Street No. BARNES HOSPITAL Registered No. 1367
(If death occurred in Hospital or Institution, write its name instead of street and number)
St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Thomas Igoe John Thomas Igoe (Igoe)
(a) Residence, No. 919 N. Kingshighway St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Jane Igoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Inspector
9. Industry or business in which work was done, as saw mill, bank, etc. Streets & Sewers
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) Mississippi

FATHER 13. NAME John Thomas Igoe (Igoe)

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

MOTHER 15. MAIDEN NAME Rebecca Ann Fife

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Carolina

17. INFORMANT Mrs. Jane Igoe
(ADDRESS) 919 N. Kingshighway Bl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE Feb. 10, 1939

19. FUNERAL DIRECTOR (NAME) Charles W. ...
(ADDRESS) 4911 Washington Bl.

20. FILED FEB 9 1939 J. F. Budick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-4-1939, to 2-7-1939

I last saw him alive on 2-7-1939 Death is said

to have occurred on the date stated above, at 8 p.m.

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

Bronchopneumonia, acute Date of onset 2-6-39
Bilateral
Appendicitis, acute, ruptured 2-1-39

Other contributory causes of importance:

Obesity - Chronic

Name of operation Appendectomy Date of 2-4-39

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? No.

If so, specify Appendicitis

(Signed) [Signature] M. D.

(Address) BARNES HOSPITAL

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *St Louis Mo*

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.