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

REC'D AUG 11 1939

791 24091
1003 6364
Do not use this space.

1. PLACE OF DEATH St. Louis Children's Hospital
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St. Louis, Mo. (d) Street No. St. Louis Children's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 650 Bernard Tierney
(a) Residence, No. 2123 ½ S. Third St. St. 23
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 12, 1937

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as 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) St. Louis, Mo. (STATE OR COUNTRY) O

FATHER
13. NAME Bernard Tierney O
14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) O

MOTHER
15. MAIDEN NAME June Grieser
16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT Thompson (ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE July 19, 1939

19. FUNERAL DIRECTOR (NAME) Wiegels Bros. (ADDRESS) 2201 S. Grand

20. FILED JUL 19 1939 J. T. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1939, to 7-16, 1939
I last saw him alive on 7-16, 1939 Death is said to have occurred on the date stated above, at 9¹⁵ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute ~~Ruptured~~ Appendicitis c rupture	5-14-39

Other contributory causes of importance:
Peritonitis
Intestinal obstruction
Enterostomy - 7-10-39

Name of operation Laparotomy Date of 5-20-39
What test confirmed diagnosis? P.M. 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) K. J. Blattner, M. D.
(Address) 500 So. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Dwelong

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.