

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

Do not use this space. 0

REC'D SEP 7 1939

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1. PLACE OF DEATH

County St. Louis Registration District No. 284  
Township Richmond Heights Primary Registration District No. 111  
City Richmond Heights (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1477

2. FULL NAME L. M. TIERNEY

(a) Residence, No. 1428 BREDEL St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-17-34  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Richmond Heights Mo.

FATHER  
13. NAME Thomas Patrick Tierney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons, Kansas

MOTHER  
15. MAIDEN NAME Catherine Florence Doerr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkwood, Mo.

17. INFORMANT Mother 1428 BREDEL  
(ADDRESS) Richmond Heights

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peters DATE Aug 18 1939

19. UNDERTAKER Jaton - Boehlge  
(ADDRESS) 6536 Clayton Rd.

20. FILED AUG 18 1939  
W. M. M. M. M.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1939, to Aug 18 1939  
I last saw him alive on Aug 17 1939. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Cerebral hemorrhage.  
160 lb.  
Date of onset 8-17-39  
Other contributory causes of importance: Atelectasis of left lung

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? \_\_\_\_\_ 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 \_\_\_\_\_

(Signed) W. M. M. M. M. M. D.  
(Address) 3500 Cambridge  
Maplewood

