

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

Do not use this space.

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. *791*
Township.....*616 Sidney*..... Primary Registration District No. *1203*
City.....*St. Louis* (No. *616 Sidney*)..... St. Ward)

File No. *34934*
Registered No. *10333*

2. FULL NAME

(a) Residence. No. *616 Sidney* St., *23* 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 *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widower*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 12, 1863*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>67</i>	<i>8</i>	<i>18</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House Painter*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Joseph Mo.*
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *George Garty*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER *unknown*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ireland*
(STATE OR COUNTRY)

14. INFORMANT *Mrs. Mary Donnelly*
(Address) *616 Sidney St.*

15. FILED *31 1930* *St. Louis* REGISTERAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct. 31 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Oct. 1*, 19*29* to *Oct. 31*, 19*30*, that I last saw him alive on *Oct. 30*, 19*30* and that death occurred, on the date stated above, at *2 a.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis chronic
131
99 (duration) *1* yrs. *6* mos. *-* ds.
CONTRIBUTORY *Arterio sclerosis*
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 *1210* DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Edward Wenger*, M. D.

10.31.1930 (Address) *2002 E. B. Gray*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Cemetery* DATE OF BURIAL *Nov 3 1930*

20. UNDERTAKER *Thos. Kutes* ADDRESS *296 E. Gravois*

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.

WHATEVER IS WITH UNFADING INK---THIS IS A PERMANENT RECORD

