

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

Do not use this space.

36167

1. PLACE OF DEATH

County..... Registration District No. 75
Township..... Primary Registration District No. 1013
City St. Louis Mo. (No. Sanitarium St. Ward)

File No.
Registered No. 10692
St. Ward

2. FULL NAME

(a) Residence, No. unknown St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>4</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Massachusetts

13. NAME Thos Bresnahan

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) W.F. Maloney M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 16-22 1931

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly and Co. 2029 Grand St.

20. FILED Oct 21 1931 Marie E. Sparks Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19th 1931

22. HEREBY CERTIFY, That I attended deceased from July 1st 1930 until Oct 19th 1931. I last saw him alive on Oct 19th 1931. Death is said to have occurred on the date stated above, at 12:05 P.m.

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

Chronic myocarditis 1930
936
Other contributory causes of importance: 936

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy?

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 William F. Maloney, M. D.
(Signed) William F. Maloney, M. D.
(Address) 5400 Arsenal

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

