

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

Do not use this space.

39205

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis Mo.* (No. ....)

Registration District No. .... *1008*  
Primary Registration District No. .... *Sanitarium*

File No. ....  
Registered No. .... *11382*  
St. .... Ward)

**2. FULL NAME**

*Margaret Blooney*  
(a) Residence, No. .... *1238 Hubert* ... St. .... *13* Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *23* yrs. *2* mos. *7* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 5, 1908*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*23 3 6*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... *Unknown*  
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 *unknown*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

13. NAME *William J. Blooney*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

15. MAIDEN NAME *Margaret Lehman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

17. INFORMANT (ADDRESS) *J. J. Verneuil Sr. 5400 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's Cem.* DATE *Nov 13, 1931*

19. UNDERTAKER (ADDRESS) *Coraia Undertaking Co. 4464 Mississippi Blvd*

20. FILED *12 1931* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-11, 1931*

22. I HEREBY CERTIFY that I attended deceased from *Dec 26, 1930* to *Nov 11, 1931*  
I last saw her alive on *Nov 10, 1931* Death is said to have occurred on the date stated above, at *5:10 P.M.*  
The principal cause of death and related causes of importance were as follows:

*Pernicious Anemia ?*  
*197A / 107A*  
Other contributory causes of importance:  
*Broncho Pneumonia Nov 9 1931*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Lab. 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: *Julius S. Verneuil, M.D.*  
(Signed) \_\_\_\_\_  
(Address) *5400 Arsenal St.*

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.

