

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.

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

12580
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City (d) Street No. **DePaul 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 **46** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **76** yrs. mos. ds.

2. PRINT FULL NAME

Frank J. Carney, 650
 (a) Residence, No. **4217 Obear Ave.** St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Mary E. Carney**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 14, 1853**
 7. AGE YEARS **85** MONTHS **2** DAYS **18** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Boiler maker.**
 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) **Ireland**

FATHER 13. NAME **James Carney**

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

MOTHER 15. MAIDEN NAME **Catherine Kaerney**

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

17. INFORMANT **Mrs Harry Bridge,** (ADDRESS) **4217 Obear Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **4/5/38**

19. FUNERAL DIRECTOR **W. A. Stock Und. Co.** (ADDRESS) **2117 E. Grand Blvd.**

20. FILED **APR 4 1938** **J. B. Burk**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **3/31, 1938**, to **April 1, 1938**
 I last saw him alive on **April 1, 1938**. Death is said to have occurred on the date stated above, at **11 A. M.**

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

Lobar Pneumonia Date of onset **3/29/38**
106
 Other contributory causes of importance:
Repi. carditis
Chr. Myocarditis
Ch. Nephritis
Ren. arteriosclerosis

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) **Thomas Taylor** M. D.
 (Address) **2749 N. Grand**

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore, Licensed Embalmer No. 3041

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank A. Moore
Licensed Embalmer No. 3041

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.)