

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

16431
Do not use this space.

REC'D JUN 9 1938

1003

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City **St. Louis** (d) Street No. **Mississippi River** - *Registration No. 4292*
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Michael Beirne, 6.50
2423 Bacon St.

(a) Residence, No. **2423 Bacon St.** St. **11** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 8, 1916**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **U.S. Post Office**
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) **St. Louis Mo.**

FATHER 13. NAME **Dominick Beirne**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Margaret Madden**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Mr. Dominick Beirne 2423 Bacon St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Calvary Cem. May 11, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Brothers 1710 N. Grand Blvd**

20. FILED **MAY 10 1938** *J. B. Budeck* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **1:15 P.M.**

The principal cause of death and related causes of importance were as follows:
Asphyxiation, due to drowning caused when canoe capsized May 5, 1938, about 1:15 P.M. in Mississippi River, when it struck an eddy in center of River. Body later recovered, May 9th, 1938, at foot of Angelica Street.
Other contributory causes of importance: **ACCIDENT.**

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? **Accident** Date of injury **5/5/1938**
Where did injury occur? (Specify city or town, county, and State) **Public Place**
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **See above**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) *Joseph M. Quinn*
(Address) *Deputy Coroner*

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.

