

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. 21092, Adeline Ave)

File No.....

Registered No.....

St. Ward)

791

1003

18542

5035

2. FULL NAME

(a) Residence, No. 21092 Adeline Ave 9 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Catherine Mc Ginnis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired "Blower"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blower

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

13. NAME Richard Mc Ginnis

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

15. MAIDEN NAME Anita Moss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Addie Mc Ginnis 21092 Adeline Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE 19. DATE

19. UNDERTAKER (ADDRESS) Hy Kidner 1417 1/2 Market St

20. FILED BY J. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-11-1934 to 5-18-1934. I last saw him alive on 5-17-1934. Death is said to have occurred on the date stated above, at 12:40 A.M.

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

Carcinoma of Stomach Date of onset 4/19/34

Other contributory causes of importance: Same

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? no (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) P. J. Stauter M. D.
(Address) 1127 Bannockburn East St. Louis, Ill