

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

Do not use this space.

22901

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **St. Mary's Infirmary**)

File No.....
Registered No. **6571**
.....St.Ward)

2. FULL NAME

Annje - Cain
(a) Residence. No. **305 Prospect ave** St. **18** Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred **57 yrs. 5 mos. 24 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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 24-1868**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 **5** **24**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Shoe Worker**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER **Patrick Mc Carthy**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Abbie - Cahall**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT **Mrs. J. Harris**
(Address) **3632 Clark ave**

15. FILED **JUL 19 1927** **Maule Starck**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **7/18** 19 **27**
17.

HEREBY CERTIFY, That I attended deceased from **7/13**, 19**27**, to **7/18**, 19**27**, that I last saw him alive on **July 18**, 19**27**, and that death occurred, on the date stated above, at **3:45 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured Appendix
Generalized Peritonitis
(duration) yrs. mos. **9** ds.
CONTRIBUTORY **Umbilical Hernia**
(SECONDARY) (duration) **4** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF OPERATION **Operation**
WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS? **Operation**
(Signed) **P. Rabl**, M. D.
, 19 (Address) **St. Mary's Infirmary**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **July 20 1927**

20. UNDERTAKER **Edw. J. Howard & Son** ADDRESS **3226 Park Ave**

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

K. 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.

