

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

Do not use this space.

10940

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis

No. Baptist Hospital

File No.....

Registered No. 2762

St. Ward)

2. FULL NAME Catherine M. Stretch

(a) Residence No. 3999 Evans St. 11 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 63

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer at home

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

10. NAME OF FATHER Patk Finerty

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

12. MAIDEN NAME OF MOTHER Married Connolly

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

14. INFORMANT Genevieve Sirtel
(Address) 4008 1/2 Shawan

15. FILED 10 22 1923 Max B. Starks
19... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1928

17. I HEREBY CERTIFY That I attended deceased from March 3, 1928, to March 10, 1928 that I last saw him alive on March 10, 1928, and that death occurred, on the date stated above, at 10:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Intestinal Obstruction
122A
122B (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Strangulated Hernia (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IS NOT AT PLACE OF DEATH.
DISEASE OPERATION PRECEDE DEATH? yes DATE OF 3/3/28
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clypeal findings
(Signed) Harry C. Bolder M. D.
3/11, 1928 (Address) 315 1/2 Widener & Club Mex

*State the DISEASE CAUSING DEATH, or in deaths 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 Cem **DATE OF BURIAL** Mar 10 1927

20. UNDERTAKER Thos J. Finian
ADDRESS 1519 S Grand

M. 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.

