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

Do not use this space.
11606

1. PLACE OF DEATH
County ..... Registration District No. 7801
Township ..... Primary Registration District No. 7803
City St. Louis Mo. (No. 4259 No 20th St. St. ..... Ward)

File No. ..... Registered No. 3452

2. FULL NAME BRIDGET SMITH
(a) Residence. No. 4259 No. 20th St. St., ... 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: 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 Thomas Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11-1864

7. AGE: Years 63 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Rolla
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John Flanagan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER John Moloney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

14. INFORMANT Margaret McGilligan
(Address) 4259 No 20th St.

15. FILED Mar 27 1928 May C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 27th 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1928, to March 27, 1928, that I last saw h. alive on March 27th 1928, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
and arteriosclerosis
131
928
(duration) ..... yrs. 1 mos. ..... ds.
CONTRIBUTORY (SECONDARY) 294
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [illegible], M. D.
, 19 (Address) 1018 S. Grand

*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 Cemetery — DATE OF BURIAL: Mch 29 1928
20. UNDERTAKER: Throop & Carroll — ADDRESS: 4600 Natural Bridge

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.

THIS IS A PERMANENT RECORD