

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

Do not use this space.

15385 15118

1. PLACE OF DEATH

County.....

Registration District No. 7071

File No. 4319

Township.....

Primary Registration District No. 1003

Registered No.

City..... St. Louis Mo.

(No. 1827 North Market St.)

St. Ward)

2. FULL NAME

Catherine Gutfleisch

(a) Residence, No. 1827 North Market St., 26 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

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21 - 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48. 6 28.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House wife.

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Jesuit Nolan

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

12. MAIDEN NAME OF MOTHER Mary Sheridan

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

14. INFORMANT John C. Gutfleisch (Address) 1827 North Market St.

15. FILED APR 21 1928 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19th 1928.

17. I HEREBY CERTIFY That I attended deceased from Apr. 18 1928 to Apr. 19 1928 that I last saw him alive on Apr. 19 1928 and that death occurred, on the date stated above, at 11:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Bronchial from
920
118 90W
Chronic Endocarditis, Rheumatic
(SECONDARY)
Personal History (duration) yrs. 4 mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. No DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS. Clinical

(Signed) J. D. Kelly M. D.

1/20, 1928 (Address) 2503 N 15th

*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 DATE OF BURIAL April 23rd 1928.

20. UNDERTAKER Aug Brockland & Co ADDRESS 1421 N. 9th St

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

E. 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.

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