

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

Do not use this space.

38632

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City..... *St. Louis* (No. *City Hospital*)

File No.

Registered No. **11258**

St. Ward)

2. FULL NAME *Catherine Carey*

(a) Residence, No. *# 127 Grand St., 187* 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

About 84

8. OCCUPATION OF DECEASED

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

Retired

166A

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

Seamstress

111D

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

Unknown Carey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

II a

14.

INFORMANT (Address)

Miss Mary Keena #127 Grand St.

15. NOV 19 1928

FILED

Wm. W. Meltzer

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

Nov. 18 1928

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred on the date stated above, at 3:40 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS

Hypostatic no Lobar, Bronch. #103 Pneumonia following fracture of Rt. Scapula caused by falling to Street

CONTRIBUTORY (SECONDARY)

Accident

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed).....

J. W. Keener, M.D.

11/19/28 (Address)

Dep. Cora

*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

DATE OF BURIAL

Cemetery

11-20 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly

2039 Wash St

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

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.

Handwritten text, possibly a signature or name, with a vertical mark below it.