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

Do not use this space.

8051

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1702

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Eleanor Kerruish

(a) Residence. No. 3665 Folsom Ave. 13 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	-	16	

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

9. BIRTHPLACE (CITY OR TOWN) Isle of Man
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER John Kerruish Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Isle of Man
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Alice Kerruish Unknown

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

14. INFORMANT Dr. Joseph A. Scopelite
(Address) St Louis City Sanitarium

15. FILED 8-5 1929, 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Febr 4, 1929 that I last saw her alive on Febr 4, 1929, and that death occurred, on the date stated above, at 5:05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

101a (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? -

DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Joseph A. Scopelite, M.D.

2/4, 1929 (Address) St Louis City Sanitarium

*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 H Peters

DATE OF BURIAL Feb 6 1929

20. UNDERTAKER Anchorage Mud Co.

ADDRESS 4234 Manchester

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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