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

Do not use this space.
~~26672~~ a
29740

1. PLACE OF DEATH
County ..... Registration District No. 201
Township ..... Primary Registration District No. 1003
City St Louis (No. St Johns Hospital St. ..... Ward)

File No. ..... Registered No. 8007

2. FULL NAME Katherine R Medart
(a) Residence. No. 5406 Delmar St., 12 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Walter R Medart

6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt. 1873

7. AGE: abt. 56 YEARS; MONTHS; DAYS; If LESS than 1 day, ... hrs. or ..... min.
Unknown

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) (STATE OR COUNTRY): St Louis

PARENTS
10. NAME OF FATHER: Michael Reynolds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Catherine Sullivan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Md.

14. INFORMANT: Walter R Medart
(Address) 5406 Delmar Blvd

15. FILED ..... 19 ..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 1 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929, to Aug 1, 1929, that I last saw her alive on Aug 1st, 19..., and that death occurred, on the date stated above, at 8:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Hypertrophy
Valvular disease
(duration) 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arterial Sclerosis
Indefinitely (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St Johns Hospital
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Ex Etc
(Signed) D Schisler M. D.
Aug 2, 1929 (Address) 945 Mo Bldg

*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: Bellefontaine
DATE OF BURIAL: 8-3 1929

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2009 Wash St

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.

Dr Schenker
Mo Theatre Bldg
1-4