

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

Do not use this space.

35896

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis Mo. (No. 3429 Park Av.)

File No.....
Registered No. 10704
St. Ward)

2. FULL NAME

Catherine Stretch
(a) Residence. No. 3429 Park Av. St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 30 1929

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

I HEREBY CERTIFY, That I attended deceased from 10/27, 1929 to 10/30, 1929 that I last saw h. alive on, 19....., and that death occurred, on the date stated above, at 10 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18-1862

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>8</u>	<u>12</u>		

Lobar Pneumonia
10A (duration) yrs. mos. 3 ds.

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

CONTRIBUTORY (SECONDARY) senility
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Patrick Gibbons

DID AN OPERATION PRECEDE DEATH? No DATE OF

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

17. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Catherine Cavanaugh

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Sturhite M. D.

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

(Address) 738 . 19 9 3115 Grand Bl

14. INFORMANT Mrs Bernice Dillon
(Address) 3429 Park Av.

*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.

15. NOV - 1 1929 May C. Stankoff
FILED REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Nov. 2 1929

20. UNDERTAKER E. J. Schur ADDRESS 3125 Lafayette

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.

