

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

Do not use this space.

42926

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 12724  
St. .... Ward)

**2. FULL NAME**

Batherine Marie Erny  
(a) Residence. No. 1002 St. Nicholas Ward. St. Wendale Mo  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 4 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 Joseph Erny

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 - 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
62      5      19

**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) Manchester  
(STATE OR COUNTRY) England

10. NAME OF FATHER Thomas Lenehan

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT J. M. Erny  
(Address) 1002 St. Nicholas

15. FILED DEC 30 1929 W. C. Starnes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1929, to Dec 28, 1929 that I last saw her alive on Dec 27, 1929, and that death occurred, on the date stated above, at 6:45 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
apoplexy (cerebral)  
Hemorrhage

One month (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings  
(Signed) A. H. Corley, M. D.

\*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 St. Peter's Kirkwood Mo. DATE OF BURIAL Dec 31 1929

20. UNDERTAKER Parker and Co ADDRESS Webster Groves Mo

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.

