

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

Do not use this space.

14065

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1000st

City St. Louis

(No. 4015 McDonald)

File No.

Registered No. 3391

St. Ward)

2. FULL NAME

Catherine Shelly

(a) Residence. No. 4015 McDonald St. 16 Ward.

(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 Michael J. Shelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 26 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 9 7

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Thomas M. Coffery

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

12. MAIDEN NAME OF MOTHER Catherine Murray

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

14. INFORMANT Michael J. Shelly
(Address) 4015 McDonald

15. FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 3 - 1930

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1930, to April 3, 1930. that I last saw h. alive on April 3, 1930, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Lung
50
HTB

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Breast (right)

(duration) 5 yrs. 6 mos. ds.

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

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 5 - 1925

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) St. Louis Schuchert, M. D.

April 4, 1930 (Address) 2200 Chautau ave

*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 Calvary Cemetery DATE OF BURIAL Apr 7 1930

20. UNDERTAKER Peetz Bros 3029 Lafayette Ave ADDRESS

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.

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1

57 Belmont St.
2200 W. 11th St.