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

Do not use this space.

14142

File No. 3474

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, (No. St. Mary's Infirmary. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Katherine Flood

(a) Residence. No. 3021 Keokuk St., NW 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1887.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	42	8	21.	

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

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

PARENTS

10. NAME OF FATHER James J. Johnson.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mayme Mooney.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo.

14. INFORMANT Jos. B. Flood
(Address) 3021 Keokuk Street.

15. FILED APR -7 1930 19 [signature] REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-4, 1930, to 4-7, 1930 that I last saw her alive on 4-6, 1930, and that death occurred, on the date stated above, at ~~4-7-30~~ 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131 Hypertension
93
109 (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) chronic myocarditis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1240 W at home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) E. G. Engel, M. D.
4-7, 1930 (Address) 1536 Papin St

*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	DATE OF BURIAL
Calvary Cemetery	Apr. 9, 1930.

20. UNDERTAKER	ADDRESS
J. H. Gebken L. & U. Co.	2842 Meramec.

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.