

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

Do not use this space.

14866

1. PLACE OF DEATH

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

Registration District No. *791*
Primary Registration District No. *1003*
(No. *3859 S Spring 4*)

File No.....
Registered No. *4282*
St..... Ward.....

2. FULL NAME

Katherine O'Geary

(a) Residence. No. St. *116* 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

Roger O'Geary

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

Feb 21-1873

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

57 2 7

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*

10. NAME OF FATHER *Michael Collins*

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

12. MAIDEN NAME OF MOTHER *Katherine Pembrey*

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

14. INFORMANT *Roger O'Geary*

(Address) *3859 S Spring 4*

15. FILED *Max C. Stanley* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr. 28 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Apr. 15th* 1930, to *Apr. 28 1930*

that I last saw her alive on *Apr. 28 1930*, and that death occurred, on the date stated above, at *7 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis Chronic

CONTRIBUTORY (SECONDARY) *Arterio Sclerosis* (duration) *1 1/2* yrs. - mos. - ds.

(duration) *4* yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY *No*

WHAT TEST CONFIRMED DIAGNOSIS *Pat. & Phys. findings*

(Signed) *J. O. Kerschmolder* M. D.

(Address) *Metropolitan 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 DATE OF BURIAL

Kabrany *5-1 1930*

20. UNDERTAKER ADDRESS

Arthur J. Donnelly 2039 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.

Mr. H. H. H. H. H.

Miss H. H.

Je. 4250.

130 - 3