

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

Do not use this space.

**34156**

**1. PLACE OF DEATH**

County..... Registration District No. 127  
 Township St. Louis Primary Registration District No. 10000  
 City St. Louis (No. 4023 & Kennedy Ave St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 9492

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. 11 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.

*Bridget Maher*

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 83

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) (Prof)  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Not known

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Mrs Harry Danner  
 (Address) 4023 & Kennedy Ave

15. FILED OCT - 4 1930 Wm C. Hinkley  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY that I attended deceased from Mon 12 1930 to Oct 3 1930  
 that I last saw her alive on Oct 3 1930, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Cathartic Diarrhea 1 day  
Chronic endocarditis (mitral)  
1911  
5 yrs - mos - ds  
 CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis  
5 yrs - mos - ds

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) M. G. Krumm M. D.  
Oct 3, 1930 (Address) 4548 Harris 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Oct 6 1930

20. UNDERTAKER Math Hermann & Son 2161 Fair  
 ADDRESS \_\_\_\_\_

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.

