

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

Do not use this space.

40614

File No. _____
 Registered No. 320 (Ward) _____

PLACE OF DEATH

County St. Louis
 Township Central
 City _____ (No. 6312, Ridge Ave.) _____ St. _____ Ward _____

Registration District No. 789
 Primary Registration District No. 6033B

2. FULL NAME

Catherine Lamb

(a) Residence. No. 6312 Ridge Ave. St. _____ 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 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William P. Lamb.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>7</u>	<u>2</u>	

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) County Cork
 (STATE OR COUNTRY) Ireland

10. NAME OF FATHER John Sheehan

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

12. MAIDEN NAME OF MOTHER Julia O'Connor

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

14. INFORMANT Miss Catherine Lamb
 (Address) 6312 Ridge Ave.

15. FILED 12/14, 1930 Open Gray, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 12 1930

17. I HEREBY CERTIFY, That I attended deceased from May 31st, 1929, to December 12, 1930 that I last saw him alive on December 12, 1930, and that death occurred, on the date stated above, at 4:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
9.3c (duration) yrs. 6 mos. + ds.

CONTRIBUTORY (SECONDARY) Chronic Intertesticular Nephritis
 (duration) yrs. 6 mos. + ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms and Signs
 (Signed) A. P. Hensch M. D.

Dec. 13, 1930 (Address) 306 Humboldt 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 Calvary Cemetery DATE OF BURIAL 12-15 1930

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5466 Eastern Ave.

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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