

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

Do not use this space.

7435

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **33**

City *St. Louis* (No. *1517 W. 16th St.*)

File No. ....

Registered No. **1752**

St. ....

Ward) .....

**2. FULL NAME** *Bridget King*

(a) Residence. No. *1517 W. 16th St.* St. *26* 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) *Widowed*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *John C. King*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 15 1857*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<i>73</i>	<i>2</i>	<i>24</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Housewife 295*  
(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) *Ireland 15*

10. NAME OF FATHER *Joyce Mullins*

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

12. MAIDEN NAME OF MOTHER *Don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....? (STATE OR COUNTRY) *Don't know 31*

14. INFORMANT *Mrs. Geo Young* (Address) *5814 1/2 Franklin Ave*

15. FILED *FEB 10 1931* 19 *Max C. Starck* REGISTRAR

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 9 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Feb - 19 29* 19*29*, to *Feb 9 1931* that I last saw her alive on *Jan - 31 1930* and that death occurred, on the date stated above, at *2:15 P.M.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*34 Myocarditis chr.*  
*922 Atherosclerosis - Coronary*  
*946 Atherosclerosis - Cerebral*

CONTRIBUTORY (SECONDARY) *hypertension* (duration) *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *34* IF NOT AT PLACE OF DEATH.....

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

WHAT TEST CONFIRMED DIAGNOSIS *Grossman* (Signed) *B. L. Beresch* M. D.

*Feb. 10, 1931* (Address) *606 Aculeton Bldg. St. Louis*

\*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* *2-12 1931*  
20. UNDERTAKER *Geo L. Pleitseh* ADDRESS *5966 Eastern Ave*

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.

Carlton Bldg.  
5801 Graham Ave

Garfield 0725

9 to 10

Rm 1400

479037