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

Do not use this space.

11592

File No. .....

Registered No. 2803

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3915 Cote Brilliant St. ..... Ward)

2. FULL NAME Ellen Carney

(a) Residence. No. 3915 Cote Brilliant St. 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Edward Carney

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt.	78			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife Ret.

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown Gilmore

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Julia Murphy
(Address) 3915 Cote Brilliant

15. FILED MAR 3 1931, 19 Max C. Tucker REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-21-1931 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, to March 2, 1931 that I last saw her alive on March 2, 1931, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 2

Myocarditis (acute)

93A

100A

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Bronchitis non Tubercular (duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

8 WAS THERE AN AUTOPSY? ..... (1)

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. H. Freudenstein, M. D.

Mch 3, 1931 (Address) 4011 Chouteau 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	DATE OF BURIAL
Memorial Park	3-4 1931
20. UNDERTAKER	**ADDRESS**
Alexander & Sons	6175 Delmar

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.