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.

JUN 29 1931

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

Do not use this space.

19261

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No.
Township Central — Primary Registration District No. 4470 — Registered No. 70
City ~~St. Louis~~ University City (No. 7310 Lindell St. Ward)

2. FULL NAME Catherine Robinson
(a) Residence. No. 7310 Lindell Ave. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm E. Robinson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 14 1861
7. AGE Years 70 Months 2 Days 9 If LESS than 1 day, ... hrs. or ..... min.
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) 235
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15
PARENTS
10. NAME OF FATHER Thos. Cooney
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 J. E. Callahan (Address) 7310 Lindell Ave
15. FILED 5-25, 1931 Lena V. Moeller D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3.

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1931
17. I HEREBY CERTIFY, That I attended deceased from May 18, 1931, to May 23, 1931, that I last saw her alive on May 23, 1931, and that death occurred, on the date stated above, at 11 p. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C Myocarditis acute
93A on chronic
112
(duration) — yrs. — mos. 10 ds.
CONTRIBUTORY (SECONDARY) Asthma + Myocarditis
(duration) 3 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? Clinical
(Signed) J. O. Pelley M. D.
May 25 1931 (Address) 2505 No 15th St.

*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 5/26 1931
20. UNDERTAKER Mullen 5165 — ADDRESS Delmar Bl.