

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

Do not use this space.

27120

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis* (No. *City Hospital*)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No. *737 So. Newstead*

(Usual place of abode)

St. *18*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 4 - 1856*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 *26*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La.*

13. NAME *Matthew Mc Carthy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mass.*

15. MAIDEN NAME *Grace Couley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mass.*

17. INFORMANT *Hospital Information*

(ADDRESS) *City Hospital*

18. BURIAL, CREMATION OR REMOVAL

PLACE *New St. Marcus* DATE *8-9-31*

19. UNDERTAKER *Mrs. Langhli*

(ADDRESS) *163 1/2 No. Ave*

20. FILED *Jul 31 1931* Registrar *Wm C. Stanley*

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30th 1931*

22. I HEREBY CERTIFY, That I attended deceased from *May 29th 1931* to *July 30th 1931*

I last saw her alive on *July 30th 1931* Death is said

to have occurred on the date stated above, at *9:00 P. M.*

The principal cause of death and related causes of importance were as follows:

53A

53B
Esophagus left
with metastases
to retroperitoneal
lymph nodes.

Other contributory causes of importance:

chronic intestinal nephritis

chronic myocarditis

Name of operation *Widow* Date of *eyes*

What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *J. M. Macintosh* M. D.

(Signed) *J. M. Macintosh* M. D.

(Address) *City Hospital*

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.

