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.

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

Do not use this space.

32893

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9764

City St. Louis, Mo. (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Sister Mary Gabriel Kane (Martha Veronica Kane)

(a) Residence, No. Visitation Convent St. 5 Ward. .....
(Usual place of abode) 5448 Cabanne Ave. (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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1873

7. AGE: YEARS 58 | MONTHS 1 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 466 46E

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) St. Louis

FATHER

13. NAME Sr. Mary Dr. John Joseph Kane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Belle Sweeney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Irene C. Kane 1117 N. Grand Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Sept 19, 1931

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Undt Co 2039 Wash St

20. FILED SEP 18 1931 Max C. Parker Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1931, to Sept 17, 1931

I last saw her alive on Sept 17, 1931. Death is said to have occurred on the date stated above, at 12:40 a.m.

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

Carcinoma of rt. breast with metastases to liver and peritoneum

Date of onset

Other contributory causes of importance:

50

Name of operation Exploratory Laprotomy Date of 9-4-31

What test confirmed diagnosis? Clinical Was there an autopsy? No

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 .....

(Signed) A. P. Rowlette per M.C. M. D.

(Address) De Paul Hospital