

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

Do not use this space.

35879

1. PLACE OF DEATH

County Registration District No. 61
Township Primary Registration District No. 08
City St. Louis Mo. (No. 5246) Ridge

File No.
Registered No. 10395
St. Ward)

2. FULL NAME

(a) Residence, No. 5246 Ridge St. 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 - 1871</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>11</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Seamstress</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Went V Jones</u>		
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) <u>Mo</u>		
13. NAME <u>Patrick H Quinlan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston</u>		
15. MAIDEN NAME <u>Kate Houlihan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>		
17. INFORMANT <u>Mrs J W Williamson</u> (ADDRESS) <u>5246 Ridge Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbus</u> DATE <u>Oct 12</u> 19 <u>31</u>		
19. UNDERTAKER <u>H. G. Humphreys and Co</u> (ADDRESS) <u>4234 Broadway Ave</u>		
20. FILED <u>37 10 31</u> 19 <u>31</u> <u>Wm C. Stanley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1931, to Oct. 10 1931
I last saw her alive on Oct. 9 1931. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency Feb 1 1931
92A
Other contributory causes of importance:
92A
Name of operation none Date of
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? no
If so, specify Phorosan/Greiner M. D.
(Signed) Phorosan/Greiner
(Address) 54 85 Easton

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.

