

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

Do not use this space.

36380

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 6289 Magnolia Ave.)
St. _____ Ward _____

File No. _____
Registered No. 10917
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3838 Paul Ave. St. 17 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Faherty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 1859
7. AGE YEARS 71 MONTHS 10 DAYS 15
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) Monroe Co. Illinois

MOTHER FATHER 13. NAME Jessie Moore

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

15. MAIDEN NAME Ann Wall

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

17. INFORMANT Dr. H. R. Faherty (ADDRESS) 6289 Magnolia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE Oct 30, 1931

19. UNDERTAKER Pietz Bros (ADDRESS) 19024 Lafayette Ave

20. FILED 29 1931 19 _____ (Address) W. O. Stankiewicz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931, to Oct 27, 1931

I last saw him alive on Oct 27, 1931 Death is said

to have occurred on the date stated above, at 11:20 p.m.

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

Chronic myocarditis
130
160
150
Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. P. K. For M. D.

(Address) 508 No 2nd St

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.

