

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

Do not use this space.

39063

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City, Hospital)
13523

File No.....
Registered No. 11230
St. Ward)

2. FULL NAME

(a) Residence, No. 1614 So. 3rd St. 23 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 3 14

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

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) St. Louis Mo.

13. NAME Patrick Burke

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

15. MAIDEN NAME Mary Dewey

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Fun. Soc. Bldg. No 9 DATE Nov 9 1931

19. UNDERTAKER (ADDRESS) W. Trumbauer

20. FILED Nov 7 1931 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1931 to Nov. 6th 1931. I last saw her alive on Nov. 6th 1931. Death is said to have occurred on the date stated above, at 10:00 a.m. The principal cause of death and related causes of importance were as follows:

Chronic nephritis with
131 Anemia
730
Chronic hypoadenitis
Date of onset

Name of operation Jeune Date of 11/11/31
What test confirmed diagnosis Jeune's 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) Wm. J. Haller M. D.
(Address) City Hospital

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.

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