

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

Do not use this space.

2392

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis Mo. (No. St. Ann's Home)

File No.
Registered No. 40
St. Ward)

2. FULL NAME

(a) Residence, No. 5301 Page Blvd St. 6 Ward.

(Usual place of abode) (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) January 7-1866

7. AGE YEARS MONTHS DAYS (IF LESS than 1 day, hrs. or min.)
75 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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 Missouri

13. NAME Patrick Keough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Ann Barry

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

17. INFORMANT (ADDRESS) Margaret Keough 5301 Page Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE January 4, 1933

19. UNDERTAKER (ADDRESS) E. J. Schmitz 3125 Lafayette Ave

20. FILED JAN -2 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1932

22. I HEREBY CERTIFY That I attended deceased from October 10, 1931, to December 31, 1931
I last saw her alive on Dec 31, 1931. Death is said to have occurred on the date stated above, at 8:30 a.m. Jan 1, 1932
The principal cause of death and related causes of importance are as follows:
Chronic Myocarditis Date of onset Feb 1931
6 mo

Other contributory causes of importance:
None

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 D

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) M. J. Laugan Jr. M. D.
(Address) 2506 North Grand Ave

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.

