

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

Do not use this space.

9934

1. PLACE OF DEATH

County St. Louis County Registration District No. 789
 Township Central Primary Registration District No. 6033B
 City (No. St. Vincent's Sanitarium St. _____ Ward _____)

2. FULL NAME Sister Florence McCarthy

(a) Residence, No. St. Vincent's Sanitarium St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. at 78 1/2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
 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) Cleveland Ohio

FATHER 13. NAME McCarthy

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Sister Raphael, Supt. St. Vincent's Sanitarium

18. BURIAL, CREMATION, OR REMOVAL PLACE Nazareth Cem DATE March 18 1932

19. UNDERTAKER (ADDRESS) C. H. Hoffmeyer, 2126 So. 14th St. St. Louis

20. FILED 3-18-1932 J. J. Dwyer, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15 1923, to May 16 1932
 I last saw ~~her~~ alive on May 15 1932. Death is said to have occurred on the date stated above, at 3:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
936
107A 930
 Other contributory causes of importance:
Chronic Pneumonia
 Date of onset _____

Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____ 19____
 Where did injury occur? no (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 _____

(Signed) Engel & Dwyer M. D.
 (Address) St. Louis, Mo.

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.

APR 20 1932

MARGIN RESERVED FOR BINDING

V. NO. 2.

