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.

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

Do not use this space.

10199

File No. 2218

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No.

City St. Louis (No. 5021, Minerva Ave St. Ward)

2. FULL NAME Renamae Briscoe McCarthy

(a) Residence, No. 5021 Minerva St., 5 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27-1984

7. AGE: YEARS 27 MONTHS 7 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress 247

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant

10. Date deceased last worked at this occupation (month and year): Feb. 1932

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centralia Mo

FATHER

13. NAME: John Briscoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): Elmer McCarthy 5021 Minerva

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo DATE 3/9 1932

19. UNDERTAKER (ADDRESS): Chas L. Geraghty & Son 4259 Lindell Boulevard

20. FILED MAR - 7 1932 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to March 6, 1932

I last saw her alive on March 6, 1932. Death is said to have occurred on the date stated above, at 8 A. m.

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

	Date of onset
Acute dilatation of Heart	3-3-32
and Chr. Myocarditis	12 yrs
(1)	
Other contributory causes of importance:	
Bronchial Asthma	12 yrs

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) A. F. Lewis, M. D.

(Address) 1209 N. Kingshighway