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 29 1932

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

Do not use this space.

13782

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 786 — File No.

Township ~~Central~~ — Primary Registration District No. 4469 — Registered No. 22

6 City Maplewood (No. 7652 Alicia Ave. St. Ward)

8

2. FULL NAME Catherine Mary Hanlon.

(a) Residence, No. 7652 Alicia Ave. St., 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) Nov-24-1884

7. AGE: YEARS 47 — MONTHS 4 — DAYS 8 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 251

10. Date deceased last worked at this occupation (month and year) 1926.

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem-Mass. 2

FATHER

13. NAME Thomas Hanlon.

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

MOTHER

15. MAIDEN NAME Mary A. McCarthy

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

17. INFORMANT (ADDRESS) Daniel J. Hanlon. 904 W. Jackson-W. Groves Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rockford-Ills. DATE April 4 1932

19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc. 7146 Manchester Ave.

20. FILED 4/2 1932 Mercedes Schuster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1930, to April 2, 1932

I last saw her alive on April 2, 1932. Death is said to have occurred on the date stated above, at 4 P m.

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

Tuberculosis of lungs — Date of onset 1929

23 A. [illegible]

Other contributory causes of importance: Same (1)

Name of operation None Date of

What test confirmed diagnosis? X Ray Spot 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 No

(Signed) J. G. Bredel, M. D.

(Address) 635 Missouri Bldg