

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

Do not use this space.

20691

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789 File No. _____
 Township Central Primary Registration District No. 6003 Registered No. 166
 City Pinckney (No. 6225 North Bridge North 3rd toward Home Ward)

2. FULL NAME

Mrs. Catherine Desmond
 (a) Residence, No. 407 Lebadie Bridge 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.

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 OR (OR) WIFE OF John Desmond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 27 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 5 13

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 90

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY?) St. Louis 1

13. NAME Pat McMahon

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

15. MAIDEN NAME Catherine Shields

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

17. INFORMANT (ADDRESS) John Desmond
4107 Lebadie

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 9 1932

19. UNDERTAKER (ADDRESS) St. Charles
4600 North Bridge

20. FILED 6/6/1932 Wella Tracy M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1932

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1931, to June 5, 1932
 I last saw her alive on June 5, 1932 Death is said to have occurred on the date stated above, at 10:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis - Myocarditis - Endocarditis - Chr. Internal Nephritis.

Other contributory causes of importance: Senile bronchitis - General anasarca - Diabetes terminal - Uremia.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? e

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) Hubert Turner, M. D.
 (Address) 3718 Junius St. St. Louis

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.

FILE 2 1932

