

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 70
 Townshp _____ Primary Registration District No. 1000
 City St. Louis Mo. (No. 3801 Marion) St. _____ Ward _____

✓
 File No. 24184
 Registered No. 6295

2. FULL NAME

Catherine McLeabe
 (a) Residence. No. 3801 Marion Ave St. 16 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) Unknown

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>64</u>	"	"	"	"

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Richmond
 (STATE OR COUNTRY) Virginia

10. NAME OF FATHER Patrick McLeabe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond
 (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Catherine Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) _____

14. INFORMANT Sister Mary of St. Francis Xavier
 (Address) 3801 Marion Ave

15. FILED July 7 1932 Max O. Harkley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931 to July 6, 1932
 that I last saw him alive on July 6, 1932 and that death occurred, on the date stated above, at 6 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia Chronic
Nephritis
80
80 (duration) 9 1/2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) - Chronic Myocarditis about 2 yrs
Tuberercularis (duration) 10 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical & laboratory
 (Signed) Thomas E. McGuck M. D.
 Address 3951 E Gravois

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL burial DATE OF BURIAL 7-8 1932

20. UNDERTAKER Arthur J. Downey ADDRESS 2039 Ward 14

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.

