

**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. 7 791
 Township Primary Registration District No. 1003
 City St. Louis (No. 4021, Lucille Ave St. Ward) 24630
 Registered No. 6770

2. FULL NAME

(a) Residence, No. 6021 Lucille Ave St. 7 Ward. (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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jos. J. Bow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25 - 1855</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>7</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>		11. Total time (years) spent in this occupation
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)		

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> <u>15</u>
	13. NAME <u>Patrick Kavaney</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	15. MAIDEN NAME <u>Bridget Kelly</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	17. INFORMANT <u>Rose Dalton</u> (ADDRESS) <u>6021 Lucille Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>July 23</u> 19 <u>32</u>	
19. UNDERTAKER (ADDRESS) <u>Birmingham Trust Co</u> <u>4740 St. Louis Ave</u>	
20. FILED <u>Max E. Stender</u> Registrar.	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st 1932

22. I HEREBY CERTIFY that I attended deceased from June 30 to July 21 1932
 I last saw her alive on July 20 1932 Death is said to have occurred on the date stated above, at 1:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 131
92C
131 ①
 Other contributory causes of importance:
Chronic Nephritis

Name of operation Date of
 What test confirmed diagnosis? Clinical 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? No
 If so, specify Heart
 (Signed) Stett J. Corve M. D.
 (Address) 5738 W. Florissant

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.

