

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

Do not use this space.

27949

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **DePaul Hosp.**)

File No.
Registered No. **7830**
St. Ward)

2. FULL NAME

(a) Residence, No. **5147 Bote Brilliant** St. **6** 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 MEDICAL CERTIFICATE OF DEATH

SEX **Female** 4. COLOR OR RACE **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 26, 1932**

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

22. I HEREBY CERTIFY, That I attended deceased from **Aug 24, 1932, to Aug 25, 1932**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 29, 1851**

I last saw her alive on **Aug 25, 1932**. Death is said to have occurred on the date stated above, at **7:15 P.M.**

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

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

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

Appendicitis

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

Peritonitis

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

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

Peritonitis

13. NAME **Miss Sheridan**

Name of operation **Appendectomy Aug 24/32**

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

What test confirmed diagnosis? Was there an autopsy? **Yes**

15. MAIDEN NAME **Unknown**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) **Phil. J. Durmin 5147 Bote Brilliant**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **8-29-32**

Manner of injury

19. UNDERTAKER (ADDRESS) **Chas. J. Stuart 1235 Union Bl**

Nature of injury

20. FILED **453 27 1932** **Max Stankov** Registrar

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify (Signed) **Sam Bensen**, M. D. (Address) **5427 Delmar**

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.

