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

Do not use this space.

37081

1. PLACE OF DEATH

County: St Louis — Registration District No.: 1170

Township: — Primary Registration District No.: 62486

City: Richmond Hts Mo — Name of Hospital or Street: New St. Mary's Hospital, St. Louis MO — Ward:

File No.:

Registered No.: 240

2. FULL NAME: Patrica O'Leary

(a) Residence. No. 1728 So 12th St. St. Louis MO 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): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 29 - 1932.

7. AGE: Years 0 | Months 2 | Days 24 | If LESS than 1 day, ...hrs. or ...min.

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

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Joseph O'Leary

11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Mary Sturzinka

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Calgre
(STATE OR COUNTRY): Penn

14. INFORMANT: Joseph O'Leary
(Address): 1728 So 12th St.

15. FILED 11/25, 1932 — C. L. Jensen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-23 1932

17. I HEREBY CERTIFY, That I attended deceased from 10-24, 1932, to 11-23, 1932, that I last saw h. alive on 11-23, 1932, and that death occurred, on the date stated above, at 9:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema (at thoracic cavity) (4 wks)
Bronchial Pneumonia (1 wk)
1104
1077 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 1074 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? (1)

DID AN OPERATION PRECEDE DEATH? No. DATE OF:

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings

(Signed) Howard L. Lange, M.D.
, 19 (Address) 6420 Clayton.

*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: St. Peter and Paul Cemetery — DATE OF BURIAL: Nov 25 1932

20. UNDERTAKER: Chulick Ward — ADDRESS: 1916 So Jefferson

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.

WRITE PLAINLY, WITH UNFADING INK. IS A PERMANENT RECORD

JAN 5 1933

18 [illegible] [illegible]