

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

Do not use this space.

37694

File No. _____
Registered No. **10389**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **705**
City **St. Louis** (No. **St. John's Hospital**)

2. FULL NAME

Kate Moriarty
(a) Residence, No. **5206 Theodora ave.** 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. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 11, 1899**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 15**

13. NAME **Stephan Matheway**

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

15. MAIDEN NAME **Matheway**

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

17. INFORMANT (ADDRESS) **John Moriarty 5206 Theodora ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **11-24-32**

19. UNDERTAKER (ADDRESS) **Miegshanger Mortuaries 2337 So. Main Highway**

20. FILED **NOV 23 1932** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 22, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **11-17-32**, 19**32** to **11-22-32**, 19**32**

I last saw him alive on **11-21-32**, 19**32** Death is said to have occurred on the date stated above, at **8 P.M.**

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

acute cardiac dilatation
chronic myocarditis
chronic bronchial asthma

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19**32**

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) **C. H. Bowdren**, M. D.
(Address) **6337 Clayton Ave**

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.

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