

**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. 701  
 Township..... Primary Registration District No. 40758  
 City St. Louis (No. 4109, Westminster Pl. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 42159  
 Registered No. 11285

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. 19 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Taylor  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1<sup>st</sup> 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1  
 13. NAME Edward Keller  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15  
 15. MAIDEN NAME Ann Swift  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT Laura B. Barry (ADDRESS) 4109 Westminster Pl.  
 18. BURIAL, CREMATION OR REMOVAL PLACE Catholic DATE Dec 25 1932  
 19. UNDERTAKER Arthur J. Donnelly and Co. (ADDRESS) 2329 N. Grand  
 20. FILED DEC 19 1932 19 \_\_\_\_\_ Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1932  
 22. I HEREBY CERTIFY, That I attended deceased from May 1927, to Dec 17 1932  
 I last saw him alive on Dec 17 1932 Death is said to have occurred on the date stated above, at 11:25 P.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset \_\_\_\_\_  
108 108  
 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 \_\_\_\_\_  
 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 Phos. M. D. (Signed) \_\_\_\_\_ M. D.  
 (Address) 2424 N. Grand

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.

2424 N Grand St

Fir 4325

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