

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.

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

Do not use this space.

3271

1. PLACE OF DEATH

County.....

Registration District No.

-701
10073

Township.....

Primary Registration District No.

File No.

City *St. Louis*

(No. *3808*)

St. Louis av

Registered No. **158**

St.

Ward)

2. FULL NAME *Catherine Whalen*

(a) Residence, No.

St.

10 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) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 19 1841*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 5 15

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

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

FATHER 13. NAME *John Marissey*

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

MOTHER 15. MAIDEN NAME *Mary Rogers*

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

17. INFORMANT (ADDRESS) *Michael Whalen 3808 St. Louis av*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Jan 7 1933*

19. UNDERTAKER (ADDRESS) *Haugan & Brennan 4711 Washington*

20. FILED *CHW - J 1933* *Max C. Starnes* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 3 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 30th 1932*, to *Jan 3rd 1933*, 1933

I last saw him alive on *Jan 15th 1933* Death is said to have occurred on the date stated above, at *3 P. M.*

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

Broncho Pneumonia
107A
107A
107A

Date of onset *Jan 3*

Other contributory causes of importance: *Chronic Bronchitis*

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? *No*
If so, specify _____

(Signed) *J. H. Henderson*, M. D.
(Address) *4011 Shoulson av*

