

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

Do not use this space.

7418

**1. PLACE OF DEATH**

County ..... Registration District No. 771

Township ..... Primary Registration District No. 10033

City St. Louis (No. City Hospital)

# 17564

**2. FULL NAME**

(a) Residence, No. 4943 arlington Ward. 6

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds.

File No. ....

Registered No. 1370

St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Peter C. Leamy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4-1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>58</u>	<u>9</u>	<u>3</u>	

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

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

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) Pennsylvania

13. NAME Tom Coyne

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

15. MAIDEN NAME Catherine Gallagher

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

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Feb 10 1933

19. UNDERTAKER (ADDRESS) D. Lehmann Haral 1905 Union Blvd

20. FILED FEB - 8 1933 M. O. Starck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1933 to Feb 7th 1933  
I last saw her alive on Feb 7th 1933 Death is said to have occurred on the date stated above, at 12.15 P.M.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Chr. Myocarditis  
932  
1137  
P. O. C.  
Other contributory causes of importance:

Emphysema (left chest)  
Etiology unknown

Name of operation None Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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. M. O. Starck, M. D.  
(Signed) M. O. Starck (Address) City Hospital

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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2  
15  
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*Lenny*