

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

Do not use this space.

15139

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 4117) Pape Avenue St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No.....  
Registered No. 3667

**2. FULL NAME**

Kathleen Mc Ginnis  
(a) Residence, No. 4617 1/2 Pape St. Ave Ward. 19  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 OR (OR) WIFE OF John W. Mc Ginnis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 9 25

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. at home  
10. Date deceased last worked at this occupation (month and year) week before death 11. Total time (years) spent in this occupation... 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pennsylvania

13. NAME Rudolph Casen  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Ellen O'Kennedy  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Elizabeth Mc Ginnis  
(ADDRESS) 3862 Bamberger Ave

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove DATE 4-24-35

19. UNDERTAKER Frederick W. Mortuary  
(ADDRESS) 207 S. Kingshighway

20. FILED APR 24 1935 W. C. Farlow Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22<sup>nd</sup> 1933  
22. I HEREBY CERTIFY, That I attended deceased from Apr. 16 1933 to Apr. 22 1933  
I last saw h. 4 alive on Apr. 22 1933. Death is said to have occurred on the date stated above, at 4:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Tobacco Pneumonia  
Chronic Interstitial  
Other contributory causes of importance:  
Chronic Interstitial

Date of onset  
4/16/33

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 (Signed) Alfred Leo Tepler M. D.  
(Address) 4244 W. Florissant Ave

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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