

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

Do not use this space.

18402

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 08

City St. Louis (No. City Hospital)

File No.

Registered No. 4657

St. Ward)

2. FULL NAME

(a) Residence, No. 4019 Shaw St. 17 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th 1933

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF John A. Hogan (OR) WIFE OF

22. I HEREBY CERTIFY That I attended deceased from May 22nd 1933 to May 25th 1933
I last saw her alive on May 25 1933 Death is said to have occurred on the date stated above, at 5:11 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 - 1886

Chronic Interstitial Nephritis
131
131
Other contributory causes of importance:
Chronic Myocarditis
Date of onset 5-22-33+

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 7 13

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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME John Brien

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Lizza Devitt

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital information
Grace Hospital
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmery Cemetery DATE May 27 1933

19. UNDERTAKER (ADDRESS) E. J. Schmor
3125 Lafayette St.

20. FILED May 25 1933 Registrar J. J. Bredek

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Arthur A. Thies M. D.
(Address) City Hospital

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.

WHILE EXAMINING WITH UNFADING INK—THIS IS A PERMANENT RECORD

57355

Truman