

**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. **70R**
 Township Primary Registration District No. **7012**
 City **St. Louis** (No. **Barnes Hospital**) Registered No. **21353**
 St. Ward) **5136**

2. FULL NAME

(a) Residence, No. **4134a Farlin Ave 108** 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) Single	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1898					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		35	3	14	
OCCUPATION	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) St. Louis Missouri					
FATHER	13. NAME Richard Tumulty				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri				
MOTHER	15. MAIDEN NAME Johanna Duggan				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri				
17. INFORMANT (ADDRESS) Richard Tumulty Missouri					
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery June 13 1933					
19. UNDERTAKER (ADDRESS) Arthur J. Bonnelly 3840 Grand Blvd					
20. FILED 2 13 33 J. F. Bredek Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 15 1933**

22. I HEREBY CERTIFY that I attended deceased from **April 18th 1933 to June 9th 1933**
 I last saw her alive on **June 9th 1933**. Death is said to have occurred on the date stated above, at **1208** m.
 The principal cause of death and related causes of importance were as follows:
Meningitis - Not Epidemic of Meningococci
Prior to April 18th 1933
 Other contributory causes of importance:
Probably toxic (Inherited)
 Name of operation **none** Date of operation
 What test confirmed diagnosis? **Spinal fluid test** 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?
 If so, specify **no**
 (Signed) **Joseph L. Sutor**, M. D.
 (Address) **3801 Lee Ave**

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.

Dr M. J. Gutzke
3801 Lee Ave