

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

Do not use this space.

**30902**

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1170  
 7 Township Central Primary Registration District No. 6248H  
 7 City Richmond Heights (No. St. Mary's Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 176

**2. FULL NAME**

(a) Residence, No. 8856 Bridgeport St. \_\_\_\_\_ Ward. Brentwood, Mo.  
 (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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John J. O'Toole</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1, 1867</u>					
7. AGE YEARS <u>66</u>		MONTHS <u>8</u>		DAYS <u>1</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>					
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) <u>Unknown</u>					
13. NAME <u>Nicholas Brown</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>					
15. MAIDEN NAME <u>Catherine Ferris</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
17. INFORMANT <u>Harry O'Toole</u> (ADDRESS) <u>7205 Anna</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem</u> DATE <u>Sept 5, 1933</u>					
19. UNDERTAKER (ADDRESS) <u>Croghan Und. Co. Inc.</u> <u>7146 Manchester Ave.</u>					
20. FILED <u>9/11</u> 19 <u>33</u> <u>Gertrude Porter</u> Registrar.					

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug - 27, 1933 to Sept 2, 1933  
 I last saw her alive on Sept 2, 1933 Death is said to have occurred on the date stated above, on 7:30 P.M.

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

Encephalitis Date of onset 8-27-33  
(Sleeping Sickness)  
 Other contributory causes of importance:  
Chronic Arthritis (Knee) 1932  
Arteriosclerosis (General) 1931

8 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 Arteriosclerosis, M. D.  
 (Signed) Francis M. Miller  
 (Address) 4114 W. Florissant St.

4114 W. Florissant, M. D.

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.

SEP 26 1933

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