

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

Do not use this space.

31032

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis (No. 939 Beach Ave) St. Ward)

File No. 17711

Registered No.

2. FULL NAME

(a) Residence, No. St. 6 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 to U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew H. Gilsinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 10 1

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

13. NAME John Kelly

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

15. MAIDEN NAME Margaret McKHugh

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

17. INFORMANT Mary A Gilsinn
 (ADDRESS) 939 Beach Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 9/6 1933

19. UNDERTAKER Arthur J. Donnelly
 (ADDRESS) 3840 Lincolnton Blvd

20. FILED - 1333 19 9-7-33
J. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-25-33, 1933, to 9-6-33, 1933.

I last saw her alive on 9-6-33, 1933. Death is said to have occurred on the date stated above, at 2 a.m.

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

Probable cerebral hemorrhage Date of onset 9-3-33

Broncho pneumonia 9-3-33

Other contributory causes of importance: 87 11 82 A

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? No
 If so, specify PTB. Banned
 (Signed) PTB. Banned, M. D.
 (Address) 5727 Delmar

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.

OCT 20 1933

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Dr. Parrott

5427 Delmar

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