

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.

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

Do not use this space.

2759

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1003** File No. _____
 City **St. Louis** (No. **St. Paul Hospital**) Registered No. **393** Ward) _____

2. FULL NAME

(a) Residence, No. **Kate G. Grynch** St. **10** 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) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm. F.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 23 1880**
 7. AGE YEARS **53** MONTHS **5** DAYS **14** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Domestic Work**
 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) **Miss**

13. NAME **Jenna Fitzgerald**

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

15. MAIDEN NAME **Judith L. Swift**

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

17. INFORMANT (ADDRESS) **Wm. F. Grynch**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Caveau** DATE **5-11-1934**

19. UNDERTAKER (ADDRESS) **C. J. Kelly**

20. FILED **20 1934**

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 2 - 1934**

22. I HEREBY CERTIFY That I attended deceased from **Jan 29**, 1934, to **Jan 8**, 1934.
 I last saw her alive on **Jan 9**, 1934. Death is said to have occurred on the date stated above, at **12 Midway**.
 The principal cause of death and related causes of importance were as follows:

1st Carcinoma
1st of Ovary
46

Other contributory causes of importance:
Ruptured Ovary
Jan 6 1934

Name of operation **Laparotomy, resection** Date of **1/7/34**
 What test confirmed diagnosis: **Clotted** 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? **No**
 If so, specify _____
 (Signed) **Harry H. Ingers**, M. D.
 (Address) **4903 Peland**

