

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

Do not use this space.

7266

APR 25 1934

**1. PLACE OF DEATH**

County ..... Registration District No. 7911  
 Townsite ..... Primary Registration District No. 1003  
 City St. Louis (No. 2812) Washington St. .... Ward)

File No. ....  
 Registered No. 2159  
 St. .... Ward)

**2. FULL NAME**

Catherine J. Ahern  
 (a) Residence, No. 2812 Washington St. 21 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*) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HOUSBAND OF (OR) WIFE OF Cornelius Ahern  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 - 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 7 3

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) Ohio

13. NAME Patrick Moran

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

15. MAIDEN NAME Mary Godfrey

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

17. INFORMANT Mrs. Kennedy (ADDRESS) 2812 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE March 3 1934

19. UNDERTAKER Julius J. Biedeck (ADDRESS) 1710 N. Grand St.

20. FILED J. Biedeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1934  
 22. I HEREBY CERTIFY, That I attended deceased from July 26<sup>th</sup> 1934 to July 27<sup>th</sup> 1934  
 I last saw him alive on July 27<sup>th</sup> 1934 Death is said to have occurred on the date stated above, at 11:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Broncho - pneumonia non-tubercular  
 Date of onset 2/24/34

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 .....  
 (Signed) James A. Dickson, M. D.  
 (Address) 5801 Cactus St. (DICKSON)

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.

Lincoln  
Dr. Dylon  
5901 Easton Av.  
9-10am - 1-4 Pm