

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

Do not use this space.

APR 25 1934

PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No. *St. Anne Home*)

Registration District No. **791**
Primary Registration District No. **1003**
St. _____ Ward _____

File No. **10669**
Registered No. **2491**

2. FULL NAME *Sister Mary Cecelia Hollahan*
(a) Residence, No. *St. Anne's Home* Ward *6*
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *25* 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 *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 22-1849*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
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) *Ireland*

13. NAME *John Holloran*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Sister Remigius*
(ADDRESS) *5301 Page Ave.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Calvary* DATE *Mar. 13-1934*

19. UNDERTAKER *Arthur J. Donnell & Co.*
(ADDRESS) *3840 Big Lake Blvd.*

20. FILED *MAR 12 1934*
J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 11, 1934*
22. I HEREBY CERTIFY, That I attended deceased from *March, 1921*, to *March 11, 1934*
I last saw her alive on *March 11, 1934*. Death is said to have occurred on the date stated above, at *8:50 P.M.*
The principal cause of death and related causes of importance were as follows:

acute myocarditis
chronic bronchitis
General Senility

Date of onset
3/2/34
Mar 24
Nov 1924

Other contributory causes of importance:
93A
106A
109
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) *Percy H. Swahlers*, M. D.
(Address) *St. Anne's Hospital, St. Louis*

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.

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