

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.

APR 25 1934

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

Do not use this space.

10723

PLACE OF DEATH

County Registration District No. 7911
Township Primary Registration District No. 1003
City St. Louis (No. En Route City Hospital #1) St. Ward)

File No.
Registered No. 2546

2. FULL NAME Catherine McLaughlin
(a) Residence, No. 1914 Deveson 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles McLaughlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 11 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Germany

MOTHER 13. NAME Mrs. Kline

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

15. MAIDEN NAME Dora Knauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dora Knauer

17. INFORMANT (ADDRESS) Elizabeth Fretz 1522 Benton St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Maries DATE Mar 14 1934

19. UNDERTAKER (ADDRESS) Central Burial Co. 1541 Olive

20. FILED MAR 13 1934 J. Bredeck Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1934

22. No I HEREBY CERTIFY, That I attended deceased from Physician Allen Allen, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:30 p. m.

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

93C
1162
Chronic Myocarditis
Senility
Other contributory causes of importance: 93C

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?.....
If so, specify.....

(Signed) J. Bredeck Registrar
(Address) 213/340

