

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.

11202

File No.
Registered No. 3065
St. Ward)

1. PLACE OF DEATH
County St. Louis
Township
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Ethel Carignan
(a) Residence, No. City Infirmary St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Joseph Carignan deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/10/1855</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Pennsylvania</u>		
MOTHER FATHER	13. NAME <u>Joseph</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
	15. MAIDEN NAME <u>Ethel Buckner</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>		
17. INFORMANT (ADDRESS) <u>J. Jordan</u> <u>5800 Chas. St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>APR 21 1934</u>		
19. UNDERTAKER (ADDRESS) <u>J. Ryan</u> <u>Isolation Hosp</u>		
20. FILED <u>APR 21 1934</u> <u>J. J. Bredel</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1930, to 3/24, 1934
I last saw him alive on 3/24/1934. Death is said to have occurred on the date stated above, at 9:20 P.M.
The principal cause of death and related causes of importance were as follows:
Chr Myocarditis
93E
162
93E
Other contributory causes of importance:
Serulidyl

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Sal Newman, M. D.
(Address) Isolation Hosp

