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.

JUL 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 26406

Township ..... Primary Registration District No. ..... Registered No. 6559

City St Louis (No. 2209 Hebert St St. ..... Ward)

2. FULL NAME Catherine Sanders

(a) Residence, No. 2209 Hebert St., W 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 Thomas Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22th 1869

7. AGE 64 YEARS 1 MONTHS 20 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housekeeper

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

FATHER

13. NAME Michael Murray

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

MOTHER

15. MAIDEN NAME Catherine Fahey

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

17. INFORMANT (ADDRESS) Sister Jeanne 2209 Hebert

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE July 3rd 1934

19. UNDERTAKER (ADDRESS) Arthur J Donnell U Co 3840 Lindell Av

20. FILED JUL -3 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to July 2, 1934

I last saw her alive on July 2, 1934. 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:

Chronic Myocarditis

93C

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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) Anthony A. Prekowski, M. D.

(Address) 1525 a Cass Ave

Vrekanske
1525 Cass Ave
830 am