

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

Do not use this space.

OCT 11 1934

791

34166

1. PLACE OF DEATH

County Registration District No. **1003**
 Township Primary Registration District No.
 City **St. Louis** (No. **Deaconess Hospital**) St. Ward

2. FULL NAME Catherine Mosconi

(a) Residence, No. **2112a Victor** St. **23** 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 20 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work 13 1/2**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **13 3/4**
 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) **Franklin Conty Mo.**

13. NAME **Frank Meyer**

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

15. MAIDEN NAME **Mary Holtgrewe**

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

17. INFORMANT **Geo Meyer** (ADDRESS) **4100 Piedmont St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Pauls Ch. Yd.** DATE **Sept. 8 1934**

19. UNDERTAKER **Wm Schumacher** (ADDRESS) **3013 Meramec St.**

20. FILED **SEP 7 1934** **J. Friedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 5 th. 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 26 1934** to **Sept. 5 1934**
 I last saw him alive on **Sept. 5 1934** Death is said to have occurred on the date stated above, at **11:15 p.m.**

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

Pyonephrosis & right renal calculi.
1340

Name of operation **Nephrectomy** Date of **8-4-34**
 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 **Ralph Thompson, M. D.**
 (Address) **3606 Audruess**

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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