

NOV 13 1994

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

Do not use this space.

37321

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis mo** (No. **6**) **City Sanitarium** St. Ward)

File No.
Registered No. **9726**

2. FULL NAME **Catherine Green**

(a) Residence, No. **5234 Neesha St.**, **15** Ward. (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) **single**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 5/1859**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nurse**
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) **Ireland**

13. NAME **Miss Maura**

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

15. MAIDEN NAME **Miss Maura**

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

17. INFORMANT **Thomas Gallagher**
(ADDRESS) **5234 Neesha**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **at home** DATE **Oct 6 1934**

19. UNDERTAKER **J. J. Carlin Bros**
(ADDRESS) **2623 Cherokee**

20. FILED **607 - 1 1934**
J. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 2 1934**
22. I HEREBY CERTIFY, That I attended deceased from **Sept. 17 34**, to **Oct 3 34**, 19**34**
I last saw him live on **Oct 3 1934** Death is said to have occurred on the date stated above, at **4:40 P. M.**
The principal cause of death and related causes of importance were as follows:
1. Chronic Myocarditis with Hypertension & Arteriosclerosis. Terminal Cardiac Decompression.
Other contributory causes of importance:
Fracture of neck of right femur due to accidental fall on floor at Sanitarium.
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 **9-17-34**
Where did injury occur? **St. Louis, Mo.** (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. **at sanitarium**
Manner of injury **Fall**
Nature of injury **Fract. femur**
24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Bernard M. Murphy** M. D.
(Signed) **Bernard M. Murphy**
(Address) **City Sanitarium.**

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.

WHITE CORNER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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