

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

Do not use this space.

40973

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo (No. Resloye Hospital)

File No.....

Registered No.....

2. FULL NAME

(a) Residence, No. 3878 Delmar Ave - 19 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Haight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 4

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

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 Samuel Bloomfield

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

15. MAIDEN NAME Mary Devine

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

17. INFORMANT Mary Devine Haight (ADDRESS) 3878 Delmar Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla DATE Nov 17 1934

19. UNDERTAKER Arthur J. Connelly, Inc. (ADDRESS) 3840 Lyndale Ave

20. FILED 75 1934 15 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1934, to 11-13, 1934.

I last saw her alive on 11-13, 1934. Death is said to have occurred on the date stated above, at 11 P m.

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

Hypertension
Obesity
Primary Baciphilia (?)
Non-Cancerous Malignant formation
Other contributory causes of importance:
Umbilical hernia 1924

Name of operation none Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 M. D. (Address) Resloye Hospital

St. Louis, Mo.

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.

