

DEC 2 2 1934

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

Do not use this space.

41536

1. PLACE OF DEATH

County St. LouisRegistration District No. 1160Township UnionPrimary Registration District No. 4470City Union City (No. 7427)Stratford

File No.

Registered No. 121

St. Ward)

2. FULL NAME

(a) Residence, No. 7427 Stratford St. 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

Frank T. Byrne6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Indiana 18617. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 - - -8. Trade, profession, or particular kind of work done, as planner, 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) New York13. NAME John Wallson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Margaret Stacey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) Mrs Thomas McReilly

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catholic DATE Nov 3rd 193419. UNDERTAKER (ADDRESS) Arthur J. Donnelly, 2163846 Broadway, N.Y.20. FILED Nov. 2, 1934 Lea D. Moulton Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1933, to Nov 1, 1934I last saw h. alive on Nov 1, 1934 Death is saidto have occurred on the date stated above, at 12508 St.

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

Broncho. Pneumonia

Date of onset

NOVA 4/8Other contributory causes of importance: Carcinoma Cervix uteri 6 yrs.Name of operation Exam. Date of Nov.What test confirmed diagnosis? Exam. 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) Ratusella, M. D.(Address) 415 Beaumont Bldg

WRITE CAREFULLY, 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.

Mr A Minnella
3720 Washington