

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.

JAN 14 1935

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. 1791  
Township ..... Primary Registration District No. 1003  
City ST. LOUIS (No. 2004, G. Warner Ave)

44664

File No. 11775  
Registered No. 11775  
St. .... Ward)

2. FULL NAME

Bridget Houlihan  
(a) Residence, No. 2004 G. Warner St. 9 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daniel Houlihan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1867</u>		
7. AGE <u>About 67</u>	YEARS <u>67</u>	MONTHS .....
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>19</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>97</u>		10. Date deceased last worked at this occupation (month and year) <u>97</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
13. NAME <u>John Walsh</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Elizabeth Mahoney</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Daniel Houlihan</u> (ADDRESS) <u>2004 G. Warner Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dalrymple</u> DATE <u>12-14-</u> 19 <u>34</u>		
19. UNDERTAKER <u>H. W. Stock, Und. Caprd</u> (ADDRESS) <u>2117 E. Grand</u>		
20. FILED <u>7 13 1935</u> <u>J. F. Brudek</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1934 to Dec 12th, 1934.  
I last saw her alive on Dec 11th, 1934. Death is said to have occurred on the date stated above, at 8 P. M.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
MI  
MI  
Other contributory causes of importance:  
Acute Myocarditis Nov  
Caused by chronic bronchitis Dec 1934

Name of operation ..... 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 George Henry Ruper M. D.  
(Signed) 5222 North 20th St.  
(Address) 5222 North 20th St.

*Dr. Keefe.*

No. 70 5222<sup>o</sup> Co 05-698