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.

JAN 14 1935

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

Do not use this space.

44915

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 12066

City So Louis (No. 2619 Market Place St. ..... Ward)

2. FULL NAME Mary A Gairinger

(a) Residence, No. 2619 Market Place 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 F

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Charles J Gairinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1864

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 11 | 17 | |

OCCUPATION

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

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) Springfield Ill.

FATHER

13. NAME Dan. Galvin

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

MOTHER

15. MAIDEN NAME Mrknorow

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

17. INFORMANT (ADDRESS) Charles J Gairinger 2619 Market Place.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Springfield Ill DATE Dec-24 1934

19. UNDERTAKER (ADDRESS) Geo J Hoffmeister 4016 Chippewa St.

20. FILED DEC 21 1934 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1934, to Dec 20, 1934

I last saw her alive on Dec 17, 1934. Death is said to have occurred on the date stated above, at 2:30 A.m.

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

| | Date of onset |
|---|---|
| Cerebral hemorrhage | Feb-1934 |
| Hypertension | Dec 20 1934 |
| Chronic nephritis | |
| Chronic myocarditis with valvular involvement | |

Other contributory causes of importance:

31

Name of operation ..... Date of .....

What test confirmed diagnosis? Syphilis 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) William Sullivan, M. D.

(Address) 2801 Chippewa