

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.

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

Do not use this space.

JAN 4 1935

45205

1. PLACE OF DEATH

County Registration District No. *1003*
 Township Primary Registration District No. *1003*
 City *ST. LOUIS* (No. *2209*, *Hebert*)

File No. *1236*
 Registered No. *1236*
 St. _____ Ward _____

2. FULL NAME *Bridget Durkin*

(a) Residence, No. *2209 Hebert* St., *20* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Thomas Durkin</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>About 1844</i>		
7. AGE YEARS <i>About 90</i>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>		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 *Michael Gannon*

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

15. MAIDEN NAME *Mary Hurst*

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

17. INFORMANT *Mrs. John P. Mc Intyre*
 (ADDRESS) *4939 Newshire Ave*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Calvary* DATE *12-31* 19*34*

19. UNDERTAKER *W. A. Stock and Co*
 (ADDRESS) *2117 E. Grand St*

20. FILED *530* 1935-19 *Geo. J. Bredeck*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 29, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 20*, 19*34*, to *Dec. 29*, 19*34*

I last saw her alive on *Dec. 28*, 19*34*. Death is said to have occurred on the date stated above, at *6:30* a.m.

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

930 *Bronchopneumonia* *930*
930 *Chronic Myocarditis*
 Date of onset *Dec. 20, 1934*

Other contributory causes of importance:
Chronic Myocarditis

Name of operation *None* 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 _____

(Signed) *Anthony A. Prekarski*, M. D.
 (Address) *1525 1/2 Cass Ave*

Dr. Anthony G. Ciferri

1925 Comm.

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