

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

Do not use this space.

MAR 5 1935

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1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St Louis (No. 2615 St Vincent) St. Ward)

File No.
Registered No. 1362

2. FULL NAME Louisa Duffy

(a) Residence, No. 2615 St Vincent St. 23 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) David A. Duffy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1857.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77. 2. 14.

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. Midwife

10. Date deceased last worked at this occupation (month and year) Retired 15 Years. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

13. NAME Charles Vassier

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

15. MAIDEN NAME Elizabeth Bauer

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

17. INFORMANT David Duffy (ADDRESS) 2615 St Vincent

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 9, 1935

19. UNDERTAKER A. St. Laughter (ADDRESS) 2501 Lafayette

20. FILED FEB -8 1935 J. P. Bedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from JAN. 2, 1935, to Feb 7, 1935

I last saw her alive on Feb 2, 1935 Death is said

to have occurred on the date stated above, at 9:30 am.

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

Chronic Myocarditis Date of onset 2 yrs
Chronic Interstitial Nephritis 2 yrs

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 76

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? 700

If so, specify

(Signed) R. P. Karn, M. D.

(Address) 3626 So. Broadway

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.

THIS IS A PERMANENT RECORD

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