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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

APR 9 1935

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

Do not use this space.

File No. 10896

Registered No. 2522

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4241, Flad Ave St. ..... Ward)

2. FULL NAME Catherine Devaney

(a) Residence, No. ..... St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF James R Devaney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	10	23	

OCCUPATION

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. .....

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

FATHER

13. NAME John F Dingley

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

MOTHER

15. MAIDEN NAME Mary Agoyara

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

17. INFORMANT John J Devaney
(ADDRESS) 4241 Flad Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 3/18 1935

19. UNDERTAKER Arthur J Donnelly
(ADDRESS) 3840 Lindell Blvd

20. FILED APR 16 1935 19..... Jos F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935, to March 15, 1935
I last saw h. alive on March 15 1935. Death is said to have occurred on the date stated above, at 10 40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of heart (Mitral regurgitation)	Jan 2 '35

Other contributory causes of importance:

Chronic Interstitial Nephritis	Jan 2 '35
Atheroma of arteries	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) Louis N Ferman, M. D.
(Address) 1486 Hamilton Ave

Dr Terman

1486 Hamilton