

APR 9 1935

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

Do not use this space.

11233

## 1. PLACE OF DEATH

County ..... Registration District No. **791**Township ..... Primary Registration District No. **1003**City *St. Louis* *Rear of 2123 College Ave.*

File No. ....

Registered No. **2890**

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. *2135 E. Varney Ave.* St. *# 9* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 15, 1890.*7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*44. 6. 12.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *City Employee*

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) *St. Louis, Mo.*13. NAME *Mathew E. Leahy*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*15. MAIDEN NAME *Mary Cotter*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cincinnati, Ohio*17. INFORMANT (ADDRESS) *Sgt. Chas. Detrande*18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Breeders March 30, 1935*19. UNDERTAKER (ADDRESS) *Math. Hermann & Son*20. FILED *MAR 28 1935* *J. Bredeck* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 27, 1935*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *10:50 a.m.*

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

*Ruptured liver & hemorrhage into abdomen following fall in toilet room off 2123 E. College Ave.* Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury... *3/27, 1935*Where did injury occur? *St. Louis, Mo.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury... *Fall*Nature of injury... *Public Place*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Harold P. [Signature]* M. D.(Address) *2123 E. College Ave.*

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 UNFADING INK—THIS IS A PERMANENT RECORD

1945

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

[Illegible text follows, including a header section with 'TO:', 'FROM:', and 'SUBJECT:' fields, and several paragraphs of body text. The text is extremely faint and largely illegible.]