

JUN 12 1935

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

Do not use this space.

791
1003

18359

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 5009, Genevieve ave)

File No.
Registered No. 4712
St. Ward)

2. FULL NAME

(a) Residence, No. 5009 Genevieve ave, S. 7 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julius Koch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25th 1875</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>11</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
13. NAME <u>Frank Manley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Bridget Gallagher</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>Mr Julius Koch</u> <u>5009 Genevieve ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John</u> DATE <u>May 28th 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Strook - Carroll</u> <u>600 Natural Bridge</u> <u>St. Louis</u>		
20. FILED <u>J. T. Bredsk</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to May 25, 1935
I last saw her alive on May 23, 1935 Death is said to have occurred on the date stated above, at 2 40 a.m.
The principal cause of death and related causes of importance were as follows:
Periculous Anemia
7/1
Date of onset About 1932

Other contributory causes of importance:
acute Bronchitis 7/18/35

Name of operation Date of
What test confirmed diagnosis microscopical in 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 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) Roland R. McEvoy, M. D.
(Address) 5330 Geraldine St.

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.

