

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.

JUN 13 1935

18603

1. PLACE OF DEATH

County St. Louis Registration District No. 1170  
Township Central Primary Registration District No. 6248H.  
City Richmond Hts (No. 2537 Howells Ave)

File No. \_\_\_\_\_  
Registered No. 114  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Veronica Friel

(a) Residence, No. 2537 Howells Ave St. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2, 1895</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>0</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe worker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>International Shoe Co.</u>		
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) <u>St. Louis Mo</u>		
13. NAME <u>John Friel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Elizabeth Kellard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York N.Y.</u>		
17. INFORMANT (ADDRESS) <u>Mrs J. C. Mooney 2537 Howells Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cahany Cem</u> DATE <u>5-29-35</u>		
19. UNDERTAKER (ADDRESS) <u>Truett Funeral Home 4228 N. 7th St. St. Louis, Mo.</u>		
20. FILED <u>May 27 1935</u> <u>Pertrude P. Miller</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-1935

22. I HEREBY CERTIFY, That I attended deceased from May 24 1935 to May 26 1935  
I last saw her alive on May 25 1935. Death is said to have occurred on the date stated above, at 2 P. M.  
The principal cause of death and related causes of importance were as follows:  
Gastric tract failure with hypotension  
Date of onset May 22 1935

Other contributory causes of importance:  
Bacterial enteritis from over eating.

Name of operation None 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? \_\_\_\_\_ Date of injury \_\_\_\_\_  
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) P. H. Bennett, M. D.  
(Address) 5427 Delmar St. St. Louis, Mo.

Phil

Mr Bassett

St 2132 1250 Big Bend

5427 Alhmar

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