

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

Do not use this space.

AUG 9 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City.....*St. Louis Memorial Home*..... St. Ward)

File No.
Registered No. **24601**
5996

2. FULL NAME

(a) Residence, No. *2609 S. Grand 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mellie W. Cate</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 26 1849</i>		
7. AGE	YEARS <i>86</i>	MONTHS <i>2</i>
	DAYS <i>16</i>	IF LESS than 1 day, hrs. pr min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Book keeper</i>	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) <i>Ireland</i>		
MOTHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
	15. MAIDEN NAME <i>Unknown</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
	17. INFORMANT (ADDRESS) <i>Abraham Kyle 3911 1/2 22nd St St. Louis Mo</i>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary ben</i> DATE <i>July 15 1935</i>	
19. UNDERTAKER (ADDRESS) <i>Ernie R. Renda 414 1/2 N. 1st St St. Louis Mo</i>		
20. FILED <i>JUL 13 1935</i>	<i>J. T. Bridgick Registrar.</i>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 12 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 12 1935* to *July 12 1935*, 19.....
I last saw him *July 12 1935* on *July 12 1935*, 19..... Death is said to have occurred on the date stated above, at *7 P* m.
The principal cause of death and related causes of importance were as follows:
Edema of brain; blood clot on brain; Frac. of right femur, fractures of ribs (both sides) rec'd. when struck by Public Service Street car on 6/28
Other contributory causes of importance:
Fract. of clavicle, in shape of a frog's leg, water main, Frac. of hand, industrial, at work on the paydock, abt. 7:15 P.M.
Name of operation *July 12 1935* 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? *Acci.* Date of injury *6/17 1935*
Where did injury occur? *St. Louis Mo.*
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury *St. Paulway*
Nature of injury *Fractures*
24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) *J. T. Bridgick* M. D.
(Address) *St. Louis Mo.*
113/35

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

