NOV 2 1935

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

Do not use this space.

31202

791

1. PLACE OF DEATH
County Missouri — Registration District No. 1003 — File No. 8001
Township — Primary Registration District No. — Registered No.
City St. Louis (No. St. Johns Hospital St. Ward)

2. FULL NAME Catherine Laine
(a) Residence, No. 4028 N. Grand St., 10 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 Female
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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 17-1859
7. AGE YEARS 76 MONTHS 4 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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 Thomas Laine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Bridget Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Laine Rogan 4030 N. Grand
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Sept. 24, 1935
19. UNDERTAKER (ADDRESS) John A. Genteman 5077 Durant ave.
20. FILED SEP 23 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1935, to 9-22, 1935
I last saw her alive on 9-21, 1935. Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocardosis 93C

Date of onset

Other contributory causes of importance:
Arteriosclerosis (generalized)

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) Carl J. Reeb, M. D.
(Address) 3788 Washington

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33