NOV 9 1935

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

Do not use this space.

33964

791

1003

File No.

Registered No. 8378

1. PLACE OF DEATH

County

Township

City St. Louis (No. DePaul Hospital. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Celia M. Desmond.

(a) Residence, No. 5420 St. Louis Ave. St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Femaile	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1899.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	36	-----	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Fredrick Trentman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Elizabeth Spaunhorst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hugh C. Desmond
(ADDRESS) 5420 St. Louis Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE Oct. 7 1935.

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 1125 Hodiamont Ave.

20. FILED OCT -6 1935 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935, to Oct 4, 1935

I last saw her alive on Oct 4, 1935. Death is said to have occurred on the date stated above, at 8.15 P.M.

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

	Date of onset
Cerebral apoplexy	10/4/35

34

Other contributory causes of importance:

Syphilis

Name of operation — Date of

What test confirmed diagnosis? Was there an 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 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 H. F. Bergman

(Signed) H. F. Bergman, M. D.

(Address) 3720 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

Dr. H.F. Bergman
3720 Washington Ave.,
2 to 3 P.M. Jef. 6204.