

NOV 9 1935

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

Do not use this space.

34516

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. 8988  
Township St. Paul Primary Registration District No. 1003 Registered No. \_\_\_\_\_  
City St. Paul St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 30 St. Malispa St. 11 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Deely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15, 1872

7. AGE YEARS 63 MONTHS 7 Days 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Ireland

13. NAME Aug B. Bressahan

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

15. MAIDEN NAME Johna Kathleen

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

17. INFORMANT (ADDRESS) Marie Gannert

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE Oct 29, 1935

19. UNDERTAKER (ADDRESS) Joe Bredeck

20. FILED 27 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1935, to Oct 24, 1935

I last saw him alive on Oct 24, 1935. Death is said

to have occurred on the date stated above, at 5:57 p.m.

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

Carcinoma of sigmoid (Malignant tumor) Date of onset ?

Other contributory causes of importance: Toxemia from Intestinal obstruction Date of onset Oct 12

Name of operation Colostomy Date of Oct 13

What test confirmed diagnosis? Section 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? No

If so, specify \_\_\_\_\_

(Signed) M Gannert, M. D.

(Address) 1117 N Grand

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.

