

JAN 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo.*

Registration District No. *791*
Primary Registration District No. *1003*
No. *3614*

File No. *38089*
Registered No. *10111*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *5800 Arsenal St.*, *13* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *18* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Divorced</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>Frank J. Fletcher</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 26 1869</i>		
7. AGE YEARS <i>66</i>	MONTHS <i>7</i>	DAYS <i>14</i>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Shoe-itcher</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)..... *Ireland*
(STATE OR COUNTRY)

FATHER 13. NAME *Edward Connor*

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

MOTHER 15. MAIDEN NAME *Jane Turner*

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

17. INFORMANT *J. H. Sullivan*
(ADDRESS) *5800 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *St. Louis* DATE *11/30*

19. UNDERTAKER *W. Richter*
(ADDRESS) *3500 Ryer St.*

20. FILED *DEC - 2 1935*
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 9*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 29*, 19*35*, to *Nov 9*, 19*35*

I last saw her... alive on *Nov 9*, 19*35*. Death is said to have occurred on the date stated above, at *7:05 a.m.*

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

General accident (Cerebral hemorrhage)
Date of onset *930*

Other contributory causes of importance:
Chronic arthritis, Chronic pericarditis

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) *Smith C. E.*, M. D.
(Address) *St. Louis, Mo.*

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.

