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.

JAN 13 1936

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

Do not use this space.

41138

File No. 10346

Registered No.

**1. PLACE OF DEATH**

County

Township

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

Registration District No. 791

Primary Registration District No. 1003

**2. FULL NAME** Catherine Drugan

(a) Residence, No. 4510 Lindell Blvd St., 12 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1865

7. AGE: About 70 YEARS MONTHS DAYS If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

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: John Drugan

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs Joseph Donohoo 5098 Minerva Av

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 12-9 1935

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U. C. 3840 Lindell Blvd

20. FILED DEC -8 1935 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1930, to Dec 7th, 1935

I last saw her alive on Dec 6th, 1935. Death is said to have occurred on the date stated above, at 2 A.m.

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

| | Date of onset |
|---|---|
| Cardiovascular Renal Disease | 1930. |
| Other contributory causes of importance: | |
| Lobar Pneumonia | 3 da. |

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Name of operation Date of

What test confirmed diagnosis? Ordinary 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

(Signed) Alphonse McMahon, M. D.

(Address) 806 Missouri Bldg.

Dr Agatha McMahon
Mo Thick Pr