FEB 11 1936

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

[Do not use this space.

3527

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 764

Township ..... Primary Registration District No. 1003 ..... Registered No. .....

City St Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Patrick J. Stretch

(a) Residence, No. 5201 Lotus Ave St., 6 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Stretch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25-1870

7. AGE: YEARS 65 MONTHS 0 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Building
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Manager
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): Wales

FATHER
13. NAME: Richard J. Stretch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary Flanagan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs Sarah Stretch 5201 Lotus Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: 1/22 1936

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly 3840 Lindell Bldg

20. FILED JAN 21 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1935, to Jan 19 1936.
I last saw him alive on Jan 18, 1936. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	Nov 1935
Congestive Failure	

Other contributory causes of importance: 956

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab 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? yes (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) C P Buddy M. D.
(Address) Union Club Bldg

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.

M-3-28-35