FEB 11 1936

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 3766

Township ..... Primary Registration District No. ..... Registered No. 1018

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

2. FULL NAME Catherine Cremins (Catherine Cremins)

(a) Residence, No. 1284 Goodfellow St. 5 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Patrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1865

7. AGE 68 YEARS 70 MONTHS 10 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

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) Ireland

FATHER

13. NAME Daniel Murphy

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Leo P Cremins 4967 Delor St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Jan 29 1936

19. UNDERTAKER (ADDRESS) Harrigan & Sheahan Hill Co 4415 Washington Blvd

20. FILED JAN 28 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to Jan 27, 1936

I last saw her alive on Jan 27, 1936. Death is said to have occurred on the date stated above, at 10:20 a.m.

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

	Date of onset
chronic myocarditis	
chronic interstitial nephritis	
general arterial sclerosis	

Other contributory causes of importance: 131

Name of operation no 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? no 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 no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Eugene J O'Malley, M. D.

(Address) Missouri Bldg St Louis Mo

Not statement of OCCUPATION is very important.