

MAR 12 1936

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

Do not use this space.

7741

1. PLACE OF DEATH

County
Township
City *St. Louis*

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

File No.
Registered No. *1402*
St. Ward)

2. FULL NAME

(a) Residence, No. *1701 S 11th* St., *23* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 6* 19*36*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *William Marsau*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 5th* 19*36* to *Feb. 6th* 19*36*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 13 1884*

I last saw her alive on *Feb. 6th* 19*36* Death is said to have occurred on the date stated above, at *2:30 p.*

7. AGE YEARS *51* MONTHS *4* DAYS *24* If LESS than 1 day, hrs. or min.

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

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

*Gastritis chronic
Cause unknown
acute exacerbation of
Chronic case -*
Date of onset *5 days*

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

Other contributory causes of importance:
Cardiac dilation caused by Gastritis, no definite disease apparent

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis mo.*

13. NAME *James Duffy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis mo.*

15. MAIDEN NAME *O'Malley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis mo.*

17. INFORMANT *Thomas Garrison* (ADDRESS) *2340 S. 9th*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Feb 10* 19*36*

19. UNDERTAKER *Thos. Luntia* (ADDRESS) *2906 Gravois ave.*

20. FILED *FEB - 7 1936* *J. T. Bredeck* Registrar.

Name of operation Date of operation
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? 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) *H. R. Westphalinger*, M. D. (Address) *1800 B. 12th St.*

Exact statement of OCCUPATION is very important.

