

MAR 12 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003** File No. **7960**
City **St. Louis** (No. **St. Johns Hospital**) Registered No. **1631**
St. Ward)

2. FULL NAME

(a) Residence, No. **6101 Washington Blvd** **5** Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 19, 1856**
7. AGE YEARS **79** MONTHS **9** DAYS **23** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at Home**
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) **Canada**
13. NAME **John M. Geary**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **h**
17. INFORMANT **Rose M. Geary**
(ADDRESS) **6101 Washington Ave**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **2/15 1936**
19. UNDERTAKER **Arthur Donnelly**
(ADDRESS) **3840 Lindell Blvd**
St. Bredeck
20. FILED **FEB 13 1936** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 12th 1936**
22. I HEREBY CERTIFY, That I attended deceased from **7/6** 19**36**, to **2/12** 19**36**
I last saw her alive on **2/12** 19**36** Death is said to have occurred on the date stated above, at **11:20 a.m.**
The principal cause of death and related causes of importance were as follows:
Relief Circumstances Date of onset
with Intestinal Obstruction
53
Other contributory causes of importance:
General Osteoporosis of all viscera
Name of operation **Gastrostomy** Date of **2/8/36**
What test confirmed diagnosis? **Guinea** 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 **James Bailey** M. D.
(Signed) **James Bailey** M. D.
(Address) **620 Missouri Bldg**

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.

Handwritten text at the top of the page, including the name "Mr. Theatre" and the date "11-12".

Mr Theatre

11-12

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. St. Johns Hospital) Registered No. 1631
 St. Ward)

2. FULL NAME

(a) Residence, No. 6101 Washington St. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 23

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

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 23 1936 J. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from .., 19.., to .., 19..
 I last saw him alive on .., 19.. Death is said to have occurred on the date stated above, at .. m.

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

Cervix Carcinoma with Intestinal Obstruction
Primary, cause unknown
 Other contributory causes of importance:
General Carcinomatosis

Name of operation ileostomy Date of 2/11/36
 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? ..
 If so, specify Fred W. Bailey M. D.
 (Signed) 600 Mission Bldg
 (Address)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC should state is very important.

SUPPLEMENTAL

