

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.

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

Do not use this space.

17450

1. PLACE OF DEATH

MAY 7 1936

791

County .....

Registration District No. ....

1003

Township .....

Primary Registration District No. ....

City *St. Louis, Mo.* (No. *City Inf.*) .....

File No. ....

4230

Registered No. ....

2. FULL NAME

*Catherine McEvenny*

(a) Residence, No. ....

*5807 Arsenal St. Hospital 13*

(Usual place of abode)

*City Infirmary*

(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)

*Feb 10 - 1853*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*1853 83 2 16*

OCCUPATION

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

*Housemaid*

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

*retired*

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*

MOTHER FATHER

13. NAME

*Patrick McEvenny*

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

*Ireland*

15. MAIDEN NAME

*Catherine McCurdy*

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

*Ireland*

17. INFORMANT (ADDRESS)

*E. Molony 5807 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*Calvary*

DATE

*April 18 1936*

19. UNDERTAKER (ADDRESS)

*Cullonane Bros 1710 N Grand Blvd.*

20. FILED

*APR 17 1936*

*J. Bredeck*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

*April 16, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *April 7, 1936* to *April 16, 1936*

I last saw him alive on *April 16, 1936*. Death is said to have occurred on the date stated above, at *1:00 P.M.*

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

*Arteriosclerotic heart disease*

Date of onset

Other contributory causes of importance:

*Senile dementia*

Name of operation

Date of

What test confirmed diagnosis?

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?

(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. E. Smith*

M. D.

(Address)

*5609 Arsenal St. St. Louis, Mo*

