

AUG 25 1936
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27919

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Normandy Central Primary Registration District No. 6033
 City Normandy (No. 6825 Natural Bridge) St. _____ Ward _____

File No. _____
 Registered No. 216

2. FULL NAME Catherine Conley

(a) Residence, No. 1225 Goodfellow 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 (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1874

7. AGE YEARS 72 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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

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) St. Louis, Mo.

13. NAME Patrick Johnson,

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

15. MAIDEN NAME Cath. Holden,

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

17. INFORMANT (ADDRESS) Mrs. Catherine Hackman 1225 Goodfellow

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE July 20, 1936

19. UNDERTAKER (ADDRESS) Chas. J. Stuart 1225 Union Blvd.

20. FILED 7-17-, 1936 W. A. Baehner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17/36 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1936, to July 18th, 1936

I last saw her alive on July 16th, 1936. Death is said

to have occurred on the date stated above, at 1:30 AM

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

Chr. arteriosclerosis;
Chr. myocarditis; Chr. endocar-
ditis; Chr. interstitial nephritis;
Chr. hypertension.

Date of onset _____

Other contributory causes of importance:
Block heart, with myocardial
insufficiency. General anasarca,
uremia.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cl 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 _____, 1936

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) J. M. D.

(Address) 3718 Jennings, Rd.
7/17/36

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.

