

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

AUG 18 1936

Do not use this space.

29223-A

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **7928** Pennsylvania St. **1** Ward)  
Registered No. **7992**

2. FULL NAME

**Ann Cuppan**

(a) Residence, No. **7928 Pennsylvania St., 1** 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 **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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 12, 1856**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**80 7 15**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **none**

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) **New York**

13. NAME **Anthony Muldoon**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Mary Cuppan 7928 Pennsylvania**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Mt. Olive** DATE **6-30 1936**

19. UNDERTAKER (ADDRESS) **Southern Und. Co 6322 Grand**

20. FILED **JUL 29 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-27 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1936**, to **July 27, 1936**. I last saw her alive on **July 27, 1936**. Death is said to have occurred on the date stated above, at **10:35 p.m.**

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

**Arterio Sclerosis Coma** Date of onset

Other contributory causes of importance: **Chronic Intestinal euphorias**

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) **William L. T. T. T.**, M. D.  
(Address) **7110 Michigan**

Dr. J. H. Hill  
1917