

SEP 15 1936

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

1 Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis**

No. **4475 W. Pine Blvd**

File No. **32930**

8842

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Elizabeth C. Healy
4475 W. Pine St., 9 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

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOW

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

Michael J. Healy

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

AUG 27 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

11

27

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)

NEW YORK NEW YORK

FATHER

13. NAME

Augustin Humphrey

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

IRELAND

MOTHER

15. MAIDEN NAME

Don't Know

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

Don't Know

17. INFORMANT

GERTRUDE HEALY
4475 W. Pine Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary Cem.** DATE **AUG 26 1936**

19. UNDERTAKER

Arthur J. Donnelly
3840 Linden Blvd.

20. FILED

AUG 25 1936
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8 / 24 1936

22. I HEREBY CERTIFY, That I attended deceased from

8 / 22 / 36, 19... to **8 / 24**, 19...

I last saw her alive on **8 / 24 / 36**, 19... Death is said

to have occurred on the date stated above, at **5200am**

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

Date of onset

Lobar Pneumonia
Rt. side
old age

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

all

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) **Chas Hugh Neilson**, M. D.

(Address) **Howard St. 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.

Dr. Neeson
Humboldt St.
1-10

APR 10

Vertical text on the left side of the page, possibly a date or address.

Main body of the document containing faint, mostly illegible text and markings.