

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.

SEP 15 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

City St. Louis, (No. City Hospital No. 1

File No. 33070

Registered No. 8969

B. 8065

Bridgett Free

2. FULL NAME

(a) Residence, No. 1127 Armstrong 22 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 EDWARD FREE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68		5	21	

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

13. NAME Unknown McGRATH

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

15. MAIDEN NAME WIK.

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

17. INFORMANT Hosp. Info. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE AUG. 31 1936

19. UNDERTAKER E. J. Schurz (ADDRESS) 3125 Lafayette Ave.

20. FILED AUG 28 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/27/36 19

22. I HEREBY CERTIFY, That I attended deceased from 8/25/36, 19, to 8/27/36, 19.

I last saw her alive on 8/27/36, 19. Death is said to have occurred on the date stated above, at 4.40 p.

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

Arteriosclerosis Date of onset

Degenerative heart disease

Other contributory causes of importance: Thrombo-phlebitis left leg

Broncho-pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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) Geo. Seibold M. D.

(Address) City Hospital No. 1

