

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

Do not use this space.

OCT 5 1936

35588

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 4431 So. Broadway)

Registration District No. 791
Primary Registration District No. 1008

File No.....
Registered No. 9170
St. Ward)

2. FULL NAME Emily L. Cuolahan

(a) Residence, No. 4431 So. Broadway, St., 15 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25th 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 8

OCCUPATION 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) New York City (STATE OR COUNTRY) N. Y.

MOTHER FATHER 13. NAME Daniel Armstrong Cuolahan

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

MOTHER 15. MAIDEN NAME Eliza Jane (unknown)

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

17. INFORMANT Home of the Friendless (ADDRESS) 4431 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cemetery Sept. 5th 1936

19. UNDERTAKER C. R. Lupton & Sons (ADDRESS) 4449 Olive, St. St. Louis, Mo.

20. FILED 1 1036 19 36 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1936 to Sept 2, 1936
I last saw h. ex. alive on Sept 2, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

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

Chronic Myocarditis 3 arteriosclerosis Chronic Interstitial nephritis
Other contributory causes of importance: Serility

Name of operation no Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19 no
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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Chas E. Hendman, M. D.
(Signed) Chas E. Hendman, M. D.
(Address) 3720 Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2004-2-19-30
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3770 Washington
Je 6111
Res 5724 Cases
Ca 2904
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