

OCT 5 1936

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

Do not use this space.

35924

## 1. PLACE OF DEATH

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**City **St. Louis**(No. **1421 Cleary A ve.**)

File No. ....

Registered No. **9546**

St. .... Ward)

2. FULL NAME **Michael Geraghty**(a) Residence, No. **1421 Cleary Ave.** St. **21** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Catherine Geraghty**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 27, 1867**

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

**69 5 29**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laclede Gas Co.**

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) **Ireland**13. NAME **Patrick Geraghty**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**15. MAIDEN NAME **Bridget Holden**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**17. INFORMANT **Michael J. Geraghty**  
(ADDRESS) **1421 Cleary Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Sept. 19, 1936**19. UNDERTAKER **Arthur J. Donnelly Undt. Co**  
(ADDRESS) **3840 Lindell Blvd.**20. FILED **J. Bredeck**  
19. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 16, 1936** 19 **36**

22. I HEREBY CERTIFY, that I attended deceased from **Sept 11** 19**36** to **Sept 16** 19**36**.

I last saw him alive on **Sept 16** 19**36**. Death is said to have occurred on the date stated above, at **5:45 P. M.**

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

**Chronic myocarditis (arteriosclerosis) following a "cold"**

Rate of onset

Other contributory causes of importance:

**Arterio-sclerosis**  
**Post-inguinal hernia**  
**(large protrusion)**

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? **No**

If so, specify.....

(Signed) **J. Bredeck** M. D.(Address) **2206 Howard St.**

SEP 18 1936

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.

