

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.

NOV 4 1936

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

Do not use this space.

791

39393

1. PLACE OF DEATH

County St. Louis Registration District No. 1008 File No. 10432
Township St. Ann Primary Registration District No. 10432 Registered No. 10432
City (No. 10432) (Ward)

2. FULL NAME

(a) Residence, No. 5207 Helen St. RR. Ward. Jennings Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie Hough</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 - 1884</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>grocer</u>	
	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) <u>Ireland</u>		
FATHER	13. NAME <u>Patrick Hough</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Ellen Kelly</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Bridget Hough 5207 Helen St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary</u> DATE <u>Oct 10 1936</u>		
19. UNDERTAKER (ADDRESS) <u>J. F. Bredek 4225 Harrison Blvd</u>		
20. FILED <u>NOV 17 1936</u> <u>J. F. Bredek</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1936

I HEREBY CERTIFY, That I attended deceased from 10-15, 1936, to 10-16-36, 1936

I last saw h. i. m. alive on 10-16-36, 1936. Death is said to have occurred on the date stated above, at 8¹⁵ A. m.

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

Cerebral Hemorrhage Date of onset
8/21

Other contributory causes of importance:
Arterio sclerosis

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 _____, 1936

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) C. H. Bowdler, M. D.
(Address) 6337 Clayton Ave

