DEC 3 1936

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

Do not use this space.

42736

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St. Louis Missouri (No. City Hospital No. I St. ..... Ward)

File No. .....

Registered No. 11255

B. 11422

2. FULL NAME Felicita Carey

(a) Residence, No. 3400 South Grand St., 16 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 David C arey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1850

7. AGE: Years 86 Months 7 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Clair Illinois

FATHER

13. NAME Nick Herman

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

MOTHER

15. MAIDEN NAME Mary Bono

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

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.I

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 11-14-36 19

19. UNDERTAKER (ADDRESS) Arthur J.Donnelly Undt.Co. 3840 Lindell Blvd.

20. FILED NOV 13 1936 19 J. Budick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10/36 19

22. I HEREBY CERTIFY, That I attended deceased from 11/4/36 19 to 11/10/36 19

I last saw her alive on 11/10/36 19 Death is said to have occurred on the date stated above, at 3.20 p

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

	Date of onset
Intertrochanteric fracture of r. femur	
Senility	
Pulmonary edema	

Other contributory causes of importance:

Accident

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

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 3 19 36

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Fell while stepping to curb

Nature of injury from street

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. G. Reichtold, M. D.

(Address) City Hospital No.

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.

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

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