

DEC 3 1936

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

Do not use this space.

43038

## 1. PLACE OF DEATH

City St. Louis (No. St. John's Hospital)  
Township \_\_\_\_\_ Registration District No. 1003  
Primary Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
Registered No. 11613  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 7127 Minnesota St. Ward 1  
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gerald Dolphy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 21, 1895</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>3</u>
	DAYS <u>0</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>at home</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) Rich Hill  
(STATE OR COUNTRY) Mo

MOTHER FATHER  
13. NAME Michael M'Nulty

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

MOTHER  
15. MAIDEN NAME May King

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

17. INFORMANT E E Dwyer  
(ADDRESS) 7127 Minnesota

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Olive DATE 11-25-1936

19. UNDERTAKER Southern Und. Co.  
(ADDRESS) 6327 S. Grand

20. FILE NO. NOV 23 1936  
J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936 to Nov 21 1936  
I last saw her alive on Nov 21 1936. Death is said to have occurred on the date stated above, at 11:55 p.m.  
The principal cause of death and related causes of importance were as follows:

apoplexy

Other contributory causes of importance:

Chronic Endocarditis

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? \_\_\_\_\_  
If so, specify Chas Hugh Stebbins M. D.  
(Signed) \_\_\_\_\_

(Address) Humboldt Bldg.

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.

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

De Nederlandsche  
Huishouding 1884