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

Do not use this space.

47124

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 50

96 1. PLACE OF DEATH

36

County

Township

City ST. LOUIS MO. (No. 1722 S. 14th St., 2 St. Ward)

2. FULL NAME ELLEN HARRINGTON.

(a) Residence, No. 1722 S 14th St St., 23 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): WIDOW.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNK. 1869

7. AGE: YEARS almost 67 | MONTHS — | DAYS — | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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. LOUIS, MISSOURI

FATHER

13. NAME DENNIS McCARTHY.

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

MOTHER

15. MAIDEN NAME HANNAH UNKNOWN.

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

17. INFORMANT HARRY HARRINGTON.
(ADDRESS) 1722 S. 14th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM DATE JAN. 4 1937

19. UNDERTAKER E. J. Schnur
(ADDRESS) 3125 Lafayette Ave.

20. FILED JAN 2 1937 J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1936, to Dec 31 1936

I last saw her alive on Dec 31 1936. Death is said to have occurred on the date stated above, at 9 P.M.

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

	Date of onset
Bronchial Pneumonia	6 d

Other contributory causes of importance:

Bronchial Asthma	1931

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? 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) C. F. Kleeppel, M. D.

(Address) 905 Morrison

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