

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *7041 Phologan Ave*)

File No. **7983**
Registered No. **1408**
St. _____ Ward)

2. FULL NAME

(a) Residence, No. *7041 Phologan* St. *3* Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <i>♀</i>	4. COLOR OR RACE <i>A</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>George J Gann</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug 27 1891</i>				
7. AGE	YEARS <i>45</i>	MONTHS <i>5</i>	DAYS <i>1</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) *Edwardsville*
(STATE OR COUNTRY) *Illinois*

13. NAME *Thomas Neely*

14. BIRTHPLACE (CITY OR TOWN) *Edwardsville*
(STATE OR COUNTRY) *Illinois*

15. MAIDEN NAME *Elizabeth Getz*

16. BIRTHPLACE (CITY OR TOWN) *Illinois*
(STATE OR COUNTRY)

17. INFORMANT *George J Gann*
(ADDRESS) *7041 Phologan Ave*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Lakewood Park* DATE *2-1-1937*

19. UNDERTAKER *Sam'l B. Mittelberg*
(ADDRESS) *6961 Phologan Ave*

20. FILED *J. T. Bredeck*
FEB 1 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28 1937*

22. I HEREBY CERTIFY, that I attended deceased from *9-14*, 19*36*, to *1-20*, 19*37*.

I last saw her alive on *1-23*, 19*37*. Death is said to have occurred on the date stated above, at *8:30 A.M.* *Found dead*

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage (Date of onset *1-28-37*)

Other contributory causes of importance:
Hypertension
Chronic myocarditis

Name of operation *none* 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) *W. J. Macomber* M. D.
(Address) *4960 St. Louis, Mo*

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

899 29

SEP 25 1981