

APR 9 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.....

(No. St. John's Hospital)

File No. 10105

Registered No. 2668

St. Ward)

## 2. FULL NAME

(a) Residence, No. 3959 Evans St. 11 Ward. (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 Patrick E.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1862

7. AGE YEARS 74 MONTHS 10 DAYS 10 If LESS than 1 day, .....hrs. or .....min.

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. Louis Mo

13. NAME Lawrence O'Neill

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

15. MAIDEN NAME Margaret Rogan

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

17. INFORMANT (ADDRESS) Julia Handley 3959 Evans

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar 1 1937

19. UNDERTAKER (ADDRESS) Mulvey Bros 4259 R. 11th St. St. Louis Mo

20. FILED MAR 8 1937 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-37

22. I HEREBY CERTIFY, That I attended deceased from 1-15-37 to 2-26-37, 1937.

I last saw her alive on 2-25-37. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Carcinoma of breast

Date of onset?

Other contributory causes of importance:

Septicæmia

Name of operation Amp. breast Date of 2-27-37

What test confirmed diagnosis? Mammogram 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, 1937.

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 of injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. K. K. M. D.

(Address) University Club Bldg

