

APR 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County ST. LOUIS Registration District No. 784 File No. 13318  
Township St. Ferdinand Primary Registration District No. 6030 Registered No. 29  
City FENNINGS (No. THE ELMS HOME 2520 McLAREN St. \_\_\_\_\_ Ward)

## 2. FULL NAME

FANNY H. IRISH

(a) Residence, No. 2520 McLAREN St. 1 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)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES IRISH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 10 - 1853

7. AGE YEARS 83 MONTHS 6 DAYS 7 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

NILE

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) PENN.

13. NAME ADMERIL GREEN

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

15. MAIDEN NAME ANN UNK.

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

17. INFORMANT MRS. S. ROEDER (ADDRESS) 3228 COPELIN

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK GROVE DATE FEB. 13 1937

19. UNDERTAKER E. J. Schuyler (ADDRESS) 31250 Lafayette av.

20. FILED 2-12 1937 W. A. Zittel Registrar.

W. C. Smith

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 to Feb 11 1937

I last saw her alive on Feb 10 1937 Death is said to have occurred on the date stated above, at 5 a. m.

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

Ch. Myocarditis

Date of onset

?

Other contributory causes of importance:

Diabetes1925

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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) E. J. Schuyler M. D.(Address) 6704 W. Floumont

