MAY 7 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 File No. 14702

Township ..... Primary Registration District No. 1003 Registered No. 4198

City St. Louis (No. 3539 Page Blvd. St. ..... Ward)

2. FULL NAME Elizabeth Kane

(a) Residence, No. 3539 Page Blvd St., 21 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: 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: Thomas Kane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 18, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2 35	51	4	2	

OCCUPATION

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

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.

FATHER

13. NAME: Michael Craft

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER

15. MAIDEN NAME: Mary Duvalt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): Mrs. Dora Johnson 3539 Page Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE April 23, 1937

19. UNDERTAKER (ADDRESS): CULLINANE BROS 1710 N GRAND BLVD

20. FILED APR 22 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1937, to Apr. 20, 1937

I last saw him alive on Apr. 24, 1937. Death is said to have occurred on the date stated above, at 10pm m.

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

Phthisis Pulmonalis

Date of onset

Other contributory causes of importance:

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 .....

(Signed) A. F. Bender, M. D.

(Address) 2206 Howard St.

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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