

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis**

(No. **791** **1003** / **City Hospital**)

File No.....

18532
5108

Registered No.....

St. Ward.....

C 334

2. FULL NAME

Johanna Slattery

(a) Residence, No.....

2803 Semple

St.,

6 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)

separated

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Charles Slattery.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 5, 1875**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

62

0

15

OCCUPATION

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, Missouri

FATHER

13. NAME

Michael McCarthy.

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

Ireland.

MOTHER

15. MAIDEN NAME

Unknown.

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

Ireland.

17. INFORMANT (ADDRESS)

Hosp. Info. M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary Cemetery** DATE **May 22, 1937**

19. UNDERTAKER (ADDRESS)

J. J. Quinn.

1522 N Grand Bly'd.

20. FILE NO.

266113 AM

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5/19/37

22. I HEREBY CERTIFY, That I attended deceased from

4/7/37 to **5/19/37**

I last saw her **5/19/37** alive on **5/19/37**, 19..... Death is said

to have occurred on the date stated above, at **9.15 pm**

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

Diabetes Mellitus (Date of onset)

Gangrene 13th feet.

(arteriosclerotic)

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) **Wm Johnson** M. D.

(Address) **City Hospital No. 1**

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.

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