

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City **ST. LOUIS, MO.** (No. **3010 Geyer Av.**) St. Ward

File No. **21737**
 Registered No. **5489**

2. FULL NAME

BRIDGET KELLY
 (a) Residence, No. **3010 Geyer Av.** St. **17** 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) **WIDOW**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **DEC. 29-1856**
 7. AGE YEARS **80** MONTHS **5** DAYS **3** 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) **IRELAND**

13. NAME **PATRICK BURKE**

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

15. MAIDEN NAME **MARY HARVEY**

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

17. INFORMANT **GENEVIEVE FOGARTY**
 (ADDRESS) **3010 GEYER AV.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEM.** DATE **JUNE 4 1937**

19. UNDERTAKER **E. J. Schurr**
 (ADDRESS) **312 1/2 Lafayette**

20. FILE **JUN 2 1937**
J. J. Duda
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 1 1937**

22. I HEREBY CERTIFY That I attended deceased from **May 27 1937** to **June 1 1937**
 I last saw him alive on **June 1 1937** Death is said to have occurred on the date stated above, at **2:07 p.m.**
 The principal cause of death and related causes of importance were as follows:

leucina magna stomach
 Other contributory causes of importance: **46 B.**
Serum

Name of operation Date of
 What test confirmed diagnosis? 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 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
St. Louis, Mo. (Address) **510 Steaps Ave**

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.

15-15-15
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