

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

Do not use this space.

28964

SEP 10 1937

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1000
 City St. Louis (No. 4241 Penrose St.) St. Ward)

File No.
 Registered No. 7597

2. FULL NAME

Johanna Geary

(a) Residence, No. 4241 Penrose St. 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*) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Geary
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1842
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 Unknown

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) Ireland

13. NAME John Corbett

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. M. V. Lahey (ADDRESS) 4207 College Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt. DATE 8-12-37

19. UNDERTAKER Arthur J. Lonnelly (ADDRESS) 3340 Lindell Blvd.

20. FILED Aug 11 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1937, to Aug 9, 1937.
 I last saw him alive on Aug 9, 1937. Death is said to have occurred on the date stated above, at 11:20 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: Senility

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. S. Sewing, M. D.
 (Address) 2342 Robinson

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.

No. 10000

2-10-10