

NOV 15 1937

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

35639
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1003**
 (c) City **Mo.** (d) Street No. **DePaul hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Katie Hack**

(a) Residence, No. **Lemay Missouri** St. **NR** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Andy Hack**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 14 1872**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 I6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **house work**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 30 1937**
 22. I HEREBY CERTIFY, that I attended deceased from **Sept 30 1937**
 (last saw him alive on **Sept 28 1937**) Death is said to have occurred on the date stated above, at **8:25 p.m.**
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with coronary artery occlusion
 Date of onset
 Other contributory causes of importance:
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**
 13. NAME **John McLaughlin**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
 15. MAIDEN NAME **Mary O'Brien**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
 17. INFORMANT **Mrs Thomas Duffy** (ADDRESS) **Lemay Mo.**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **10/4 1937**
 19. FUNERAL DIRECTOR **Sullivan** (ADDRESS) **2849 N. Euclid ave**
J. J. Beckel Local Registrar.

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 **no**
 (Signed) **W. H. Tucker** M. D.
 (Address) **2208 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.

OCT 1 1937

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2930

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Eugene A Sullivan
Licensed Embalmer No. 2930

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)