

FEB 12 1938

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

1031  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1003  
(c) City St. Louis, Mo. (d) Street No. City Infirmary Registered No. 887  
(e) Length of residence in city or town where death occurred 67 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Kate Gains 520  
(a) Residence, No. 5800 Arsenal St. 13  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hswk.  
9. Industry or business in which work was done, as 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) London, Eng. 4

FATHER 13. NAME Jerry O'Leary 5  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland. 5

MOTHER 15. MAIDEN NAME Nellie Blake  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland.

17. INFORMANT (ADDRESS) J.G. Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE 1/26 1938

19. FUNERAL DIRECTOR (ADDRESS) Robert J. ... 6633 Chestnut St.

20. FILED 19 Jan 25 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1929 to January 25, 1938  
I last saw her alive on January 25, 1938 Death is said to have occurred on the date stated above, at 1:15 A.M.

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

Degenerative Heart Disease  
Other contributory causes of importance:  
Arteriosclerosis general

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 .....  
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) Young M. D.  
(Address) 5600 Arsenal

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.

STATEMENT BY LICENSED EMBALMER

I, Edward H. Beckhaus, Licensed Embalmer No. 2502

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

Edward H. Beckhaus

Licensed Embalmer No. 2502

**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.)