

FEB 16 1938

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

4093
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township St. Ann Primary Registration District No. _____ Registered No. 79
 (c) City St. Ann (d) Street No. St. Marys 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 Alice M. Gaffney 150

(a) Residence, No. 1220 Blackstone St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF nil.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1862
 7. AGE YEARS 76 MONTHS 7 DAYS 2 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938, to Jan 10, 1938
 I last saw her alive on Jan 10, 1938. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
B. lateral
Influenzal type

Date of onset

Other contributory causes of importance:

Hypertension
Arterio Sclerosis

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, N.Y.
 13. NAME Richard M. Gaffney
 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) John Gaffney
11-M. HURON, CHICAGO, Ill
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1-13-38
 19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros
4259 Lindell
 20. FILED 1-12-38 1938 THEODORE M. D. O'NEILL
Local Registrar

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) Charles, M. D.
Carlton Kelly

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, Tom Rogers, Licensed Embalmer No. 3905
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Tom Rogers
Licensed Embalmer No. 3905

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