

AUG 12 1938

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

23639

Do not use this space.

6333

1. PLACE OF DEATH

- (a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Missouri** (d) Street No. **City Sanitarium** St.
(e) Length of residence in city or town where death occurred **45** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bridget O'gara** **260**

- (a) Residence, No. **1439 N. 10th St** St. **25** (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1863		
7. AGE 75	YEARS	MONTHS
		DAYS
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. Housework	
	10. Date deceased last worked at this occupation (month and year) About 1893	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland	5
	13. NAME Unknown	5
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland	5
	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland	
17. INFORMANT (ADDRESS) A. D. Garner	5400 Arsenal St	
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY	DATE 7/15/38	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) CULLEN & KELLY	1416 N. TAYLOR AVE.	
20. FILED JUL 15 1938	J. Bredeck Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-14-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-38**, 19, to **7-14-38**, 19. I last saw her alive on **7-14-38**, 19. Death is said to have occurred on the date stated above, at **1:15 P.M.**. The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Broncho (Date of onset **7-12-1938**)

Other contributory causes of importance:
107a

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 (Signed) **A. D. Garner**, M. D. (Address) **City Sanitarium**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Clement M. Meaul

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Clement M. Meaul

Licensed Embalmer No.....

3732

P. O. Address.....

St. Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.