

SEP 12 1938

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

27656
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City..... **St. Louis** (d) Street No. **1515 N. 16th. St.** Registered No. **7670**
(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

Catherine Quade
(a) Residence, No. **1515 N. 16th. St.** St. **26**
(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 Jeremiah Quade		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1868		
7. AGE	YEARS 70	MONTHS 2
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	at home
	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) Ireland		
FATHER	13. NAME Patrick Ryan	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
MOTHER	15. MAIDEN NAME Mary Fitzgibbon	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
17. INFORMANT (ADDRESS) Michael Cullinane 3523 University St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Calvary Cemetery Aug. 31, 1938		
19. FUNERAL DIRECTOR (ADDRESS) Cullinane Bros. 1710 N. Grand		
20. FILED AUG 29 1938 J. T. Brecher Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 28, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 17, 1938** to **Aug. 28, 1938**
I last saw her alive on **Aug. 28, 1938**. Death is said to have occurred on the date stated above, at **3:45 P.M.**
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, General
Myocarditis, Chronic
Arteriosclerosis, General

Other contributory causes of importance:
Arteriosclerosis, General

Name of operation..... Date of.....
What test confirmed diagnosis? **Physian** 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? **No**
If so, specify.....
(Signed) **Herman H. August**, M. D.
(Address) **508 N. Grand**

WHILE 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.

I. X12864

STATEMENT BY LICENSED EMBALMER

I, John Hetter Licensed Embalmer No. _____

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 John Hetter

Licensed Embalmer No. 3880

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.)