

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

30934

Do not use this space.

REC'D OCT 12 1938

## 1. PLACE OF DEATH

- (a) County.....  
 (b) Township.....  
 (c) City St. Louis  
 (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.

Registration District No. **791**  
 Primary Registration District No. **1003**  
 (d) Street No. St. Anthony's Hospital Registered No. **8371**  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Catherine Mc Ginty

- (a) Residence, No. 1141 S Frankford St. OK Tulsa Okla.  
 (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 Geo. McGinty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 0 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Kansas

13. NAME Michael Cull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mary Wilson  
 (ADDRESS) 3449 S. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter-Paul DATE Sept. 26 1938

19. FUNERAL DIRECTOR Schumacher Und. Co.  
 (ADDRESS) 3013 Meramec

20. FILE SEP 25 1938 J. T. Bredek  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16 1938 to Sept 23 1938

I last saw her alive on Sept 23 1938 Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Carcinoma Right Lung Date of onset see 1937

Other contributory causes of importance:

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) Adam G. Youngman, M. D.  
 (Address) 5439 Aransas

STATEMENT BY LICENSED EMBALMER

I, Clarence Rochow ..... Licensed Embalmer No. 3093

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 Clarence Rochow .....

Licensed Embalmer No. 3093

**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.)**