

LEAD APR 12 1939

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

9129
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003
 (b) Township 1 Primary Registration District No. _____ Registered No. 2894
 (c) City ST. LOUIS (d) Street No. 4057 MAFFITT AVE 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

100 CATHERINE MARY DUFFY
 (a) Residence, No. 4011 MAFFITT AVE St. 11
 (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) MARRIED
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF PATRICK M. DUFFY
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 19 - 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 7
 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) ILH

FATHER 13. NAME JOHN McHUGH

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

MOTHER 15. MAIDEN NAME CATHERINE QUINN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (NAME) Patrick G. Duffly
(ADDRESS) 4011 Maffitt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. MCH 29 1939

19. FUNERAL DIRECTOR (NAME) L. MULLEN UNCO
(ADDRESS) 5165 DELMAR BL.

20. FILED MAR 27 1939 J. B. Budick Local Registrar.

MEDICAL CERTIFICATE BY PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26/39 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____ Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis;
Arterio Sclerosis;
 Other contributory causes of importance: _____

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? No
 If so, specify _____
 (Signed) Joseph M. Quinn M.D.
 (Address) Quincy Corne

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

....., or by

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

Signed.....

Howard F. Rowland

Licensed Embalmer No.....

P. O. Address.....

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.