

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30361**
Registrar's No. **7639**

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
4460 Shaw Ave.
(d) Length of stay: In hospital or institution **50 Years.**
In this community **50 Years.**

3. (a) PRINT FULL NAME **Bridget Fee**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Peter Fee.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown 1869**

8. AGE: Years **71** Months **Unknown** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Ireland.** (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation **At Home**

MOTHER FATHER
11. Industry or business _____
12. Name **John O'Boyle.**
13. Birthplace **Ireland.**
14. Maiden name **Don't know.**
15. Birthplace **Ireland.**

16. (a) Informant **Anne Fee**
(b) Address **4460 Shaw Ave.**

17. (a) **Burial** (b) Date thereof **9-13-40**
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **SEP 12 1940** (b) **J. P. Bradeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **St. Louis, Mo** (b) County _____
(c) City or town _____
(d) Street No. **4460 Shaw Ave**
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **Ninth**
year **1940** hour **9** minute **30** a.m.

21. I hereby certify that I attended the deceased from **Arteriosclerosis**
June 1940 to Sept 1940;
that I last saw her alive on **Sept 8th 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia?**
unspecified

Due to **R. cumbency following a fall**
Due to **Coronary occlusion**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **about 9-6-1940**
(c) Where did injury occur? **St. Louis Mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? _____ (Specify type of place)
(z) Means of injury **fall**

23. Signature **M. G. Gorman** (M. D. or other) _____
Address **5249 Raymond** Date signed **9/8/40**

