

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

Do not use this space.

41105

1. PLACE OF DEATH DEC 13 1934

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City St. Louis (No. 1003)

Missouri Hospital

St. 11055 Ward.....

2. FULL NAME Mollie Keane

(a) Residence, No. 3748 Olive St., 19 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1866

7. AGE YEARS 68 MONTHS 9 DAYS 8 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. an App. House
10. Date deceased last worked at this occupation (month and year).....
Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME Patrick Keane

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

15. MAIDEN NAME Katherine Funnell

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

17. INFORMANT (ADDRESS) Mrs. Whitman 3748 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 11-21 1934

19. UNDERTAKER (ADDRESS) Southern Co 6322 So Grand

20. FILED IV 20 1934 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1934, to Nov. 18, 1934

I last saw h. or alive on Nov. 18, 1934 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Carcinoma of Breast with metastases in all parts of body.
Other contributory causes of importance: 535

Name of operation None Date of.....
What test confirmed diagnosis? X-ray 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) G. O. Brown, M. D.
(Address) 1325 S. Grand

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.

