

AUG 18 1936

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

Do not use this space.

791

28211

1. PLACE OF DEATH

County.....

Registration District No. 1003

File No. 6969

Township.....

Primary Registration District No. 4115 No Newstead

Registered No. 6969

City St. Louis

(No. 4115 No Newstead St. Ward)

2. FULL NAME

BRIDGET S. HAVENNESS

(a) Residence, No. 4115 N. NEWSTEAD St., 10 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 WHITE
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF the late Edw. Shanahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 5 - 1857

 7. AGE YEARS 78 MONTHS 7 DAYS 5
 If LESS than 1 day, hrs. or min.

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as silk mill, 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) CAPE GIRARD MO

13. NAME MICHAEL HAYES

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MARY MEURER (ADDRESS) 4115 N. NEWSTEAD

18. BURIAL, CREMATION, OR REMOVAL PLACE COLVARY DATE July 13 1936

19. UNDERTAKER Short & Carrole (ADDRESS) 4600 North Grand

20. FILED J. F. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1934, to 7-9 1936

I last saw her alive on July 9 1936. Death is said to have occurred on the date stated above, at 10 m.

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

 terminal broncho-pneumonia
 cerebral thrombosis
 chr. myocarditis

Date of onset

Other contributory causes of importance: general arteriosclerosis

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?.....

If so, specify.....

(Signed) J. P. Blasko, M. D.

(Address) 3903 E. ave.

JUL 10 1936

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.

