WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 4 1936

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

Do not use this space.

39986

1. PLACE OF DEATH
County [illegible] Registration District No. 1170 File No.
Township Primary Registration District No. 6248-H Registered No. 255
City Richmond Heights (No. 7537 Lovella Ave. St. Ward)

2. FULL NAME Elizabeth Friel
(a) Residence, No. 7537 Lovella Ave. St., Ward.
(Usual place of abode) (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: John Friel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8, 1871

7. AGE: YEARS 65 | MONTHS 6 | DAYS 15 | 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): New York

FATHER
13. NAME: John Kellerd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Ann Mahon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mr. John C. Mooney, 7537 Lovella Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem. DATE: 10/26, 1936

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED Oct. 24 1936 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 23, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1936, to 10/23, 1936
I last saw her alive on Oct 22, 1936. Death is said to have occurred on the date stated above, at 1:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	10/21/36
Nephritis	

Other contributory causes of importance: Diabetes Mellitus
Chronic Myocarditis
Chronic Nephritis
Arterial Sclerosis

Name of operation: None Date of
What test confirmed diagnosis: Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Geo J Mehan, M. D.
(Address) 10/23/36 1006 So Jefferson

Mr. [illegible]
1006 So. Jefferson
Nr. 5544