

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Mo. (No. St. Luke's Hospital.) St. .... Ward)

File No. **10042**  
Registered No. **2603**

2. FULL NAME Elfleda Geraghty.

(a) Residence, No. 4511 No. 20th St., St. 9 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Geraghty.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25th 1873</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>63</u>	<u>6</u>	<u>10</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>			
	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) <u>St. Louis, Mo.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>George McIntire</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>New York, N.Y.</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Hariett D. Carman.</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>New Jersey</u>			
17. INFORMANT <u>Dr. Lillian V. Young.</u> (ADDRESS) <u>4511 N. 20th St.,</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>Mar. 8th</u> 19 <u>37</u>				
19. UNDERTAKER <u>C. R. Lupton &amp; Sons.</u> (ADDRESS) <u>4445 Olive, St., St. Louis, Mo.</u>				
20. FILED <u>MAR 6 1937</u> <u>J. Bredeck</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 - 1937 19... to Mar 5 1937

I last saw h. er alive on Mar 5 1937. Death is said to have occurred on the date stated above, at 11 a.m.

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

Primary Carcinoma common biliary duct = metastasized liver

Date of onset ?

Other contributory causes of importance: Hb Ce.

Name of operation degenerative - drainage Date of Feb 3

What test confirmed diagnosis?..... Was there an autopsy? yes

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) J. S. Bredeck M. D.  
(Address) Brownwood

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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