

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

Do not use this space.

SEP 25 1937

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1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Jefferson Primary Registration District No. 6248-H
 City Richmond Heights (No. St. Mary's 1st) St. 1st Ward

2. FULL NAME

(a) Residence, No. St. Francis Hotel 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1st 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to Aug 1, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7th 1859

I last saw him alive on Aug 17th 1937 Death is said to have occurred on the date stated above, at 11:30 pm.

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>78</u>	<u>3</u>	<u>29</u>		

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

Cholelithiasis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Cholelithiasis

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Cholelithiasis

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

Other contributory causes of importance: 126

13. NAME Stephen Howard

Name of operation no Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Catherine Kelley

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Walter Howard

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Campury DATE Aug 4th 1937

Manner of injury _____

19. UNDERTAKER (ADDRESS) Wm. J. Langan

Nature of injury _____

20. FILED Aug 3 1937 Sam A. Bassett Registrar

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Wm. J. Langan, M. D.

(Address) 80 S. Plymouth

Wm. J. Langan, M. D., 5803 Plymouth Ave.

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.

