

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1003

26961
Do not use this space.

Registered No. 6975

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis
 (d) Street No. City Hospital No. 1 St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. 5414
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 3814 a Ohio St. 24
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 9 27

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

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

13. NAME Thomas Sullivan

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

15. MAIDEN NAME Mary Hurley

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

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 8-8

19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED 6 1938 J. F. Brodeur Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/18/38, 1938, to 8/5/38, 1938.
 I last saw her alive on 8/5/38, 1938. Death is said to have occurred on the date stated above, at 11.45 a
 The principal cause of death and related causes of importance were as follows:

Carcinoma of breast
& bony metastases
Bronchopneumonia
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) Albert H. Krause, M. D.
 (Address) City Hospital No. 1

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Reinhold H. Lohm Ann

Licensed Embalmer No. 3395

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)