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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.

REC'D NOV 16 1938

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

33851
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8832

1. PLACE OF DEATH
(a) County
(b) Township
(c) City
(d) Street No. CITY HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME CATHERINE BUMBERY
(a) Residence, No. 2311A MONTGOMERY ST St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 22, 1869

7. AGE: YEARS 69 | MONTHS 7 | DAYS 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSE WORK
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) ST. LOUIS, MO. 6

FATHER
13. NAME PATRICK BUMBERY 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND 5

MOTHER
15. MAIDEN NAME SARAH QUINLAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT SARAH BUMBERY
(ADDRESS) 2311A MONTGOMERY ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALBARY CEMETERY DATE OCT. 11, 1938

19. FUNERAL DIRECTOR [illegible]
(ADDRESS) 1778 Montgomery

20. FILED OCT 10 1938 [illegible] Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia;	

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Other contributory causes of importance:
Chronic Atrophic Cirrhosis of Liver (Laennec).
Arterio Sclerosis;

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? ..... 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) [illegible] M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I Charles J. Goodhart, Licensed Embalmer No. 2777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles J. Goodhart

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Charles J. Goodhart

Licensed Embalmer No. 2777

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