REC'D MAY 10 1939

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

12757
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS. Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 3099
(c) City ST. LOUIS. (d) Street No. 4106a RUSSELL. 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.
28 yr.

2. PRINT FULL NAME KATHERINE RICE.
(a) Residence, No. 4106a RUSSELL. St. 17
(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 (*write* the word): WIDOW.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PATRICK GRAHAM RICE.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN.
7. AGE: YEARS ABOUT 54 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME.
9. Industry or business in which work was done, as 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) IRELAND.

FATHER
13. NAME TIMOTHY MAHONEY.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

MOTHER
15. MAIDEN NAME KATHERINE HOLLAND.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT CANICE T. RICE.
(ADDRESS) 4106a RUSSELL.
18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY. DATE APRIL 4th, 39
19. FUNERAL DIRECTOR THOS J. FINAN
(ADDRESS) 1519 S. GRAND.
20. FILED APR 2 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939, to April 1, 1939.
I last saw h... alive on April 1, 1939. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (generalized)	2/28/39
Other contributory causes of importance:	
Carcinoma of Cervix	10/21/29

Name of operation None Date of
What test confirmed diagnosis? All Clinical Was there an autopsy? No

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. A. Brennan, M. D.
(Address) 205 Humboldt Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.
1 X12004

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 Thomas J Finan

Licensed Embalmer No. 1197

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.)