

FEB 20 1936

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

Do not use this space.

791

7865

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

St.....

Ward)

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Length of residence in city or town where death occurred

77 yrs. 2 mos. 9 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED?

HUSBAND OF (OR) WIFE OF

Kate McSorley

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

Dec 6 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

77 2 23

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

Retired Police officer

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) (STATE OR COUNTRY)

St. Louis Mo

13. NAME

Bernard McSorley

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

Ireland

15. MAIDEN NAME

Elizabeth Gaylety

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

Germany

17. INFORMANT (ADDRESS)

Kate McSorley 3717 St. Westminster Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

Calvary Feb 12 1936

19. UNDERTAKER (ADDRESS)

Edw. H. Howard & Son 4212 St. Louis Ave

20. FILED

FEB 11 1936

J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 5<sup>th</sup> 1936, to Feb 9<sup>th</sup> 1936

I last saw him alive on Feb 8<sup>th</sup> 1936. Death is said to have occurred on the date stated above, at 9 A.M.

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

Cerebral Haemorrhage (apoplexy) Date of onset 3/4/36

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?..... 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. H. Freudenstein, M. D.

(Address) 4030 S. Houston St.