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

Do not use this space.

29138

File No. .....

Registered No. 8728

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. American Hospital St. ..... Ward)

**2. FULL NAME** Mary Polee

(a) Residence. No. 3900 Lincoln Av St., 11 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**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse N. Polee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 1846

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| about | 60 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework 1871
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Pa.

PARENTS

10. NAME OF FATHER John O'Donell.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland.

12. MAIDEN NAME OF MOTHER Bridget Lavall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT P. Polee
(Address) 3900 Lincoln

15. FILED OCT -1 1927, 19..... Max C. Starcloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ..... P ....., 19....., and that death occurred, on the date stated above, at ..... P ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Internal), caused by being crushed when home collapsed during wind storm Sept. 29th., 1927, at 1:00 P.M. (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) ACCIDENT.
..... (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. Nutt, M. D
Oct 1, 1927 (Address) Crowne

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Bellefontaine | Oct 3 1927 |
| **20. UNDERTAKER** | **ADDRESS** |
| Wm. F. Paschedag | 2828 No. Grand Av. |

CAUSE OF DEATH 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.