

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

Do not use this space.

38343

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township *St. Louis*..... Primary Registration District No. **1003**
 City *St. Louis* (No. *Buckingham Annex*)..... St. Ward)

File No.
 Registered No. **11008**
 St. Ward)

2. FULL NAME

Ellen O'Mara
 (a) Residence. No. *Buckingham Annex* **12** Ward. (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 *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) *June 15-1877*

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
50 | *5* | *20*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *School Teacher*
 (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) *St. Louis*

10. NAME OF FATHER *Daniel O'Mara*

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

12. MAIDEN NAME OF MOTHER *Margaret White*

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

14. INFORMANT *Margaret A. Mahony*
 (Address) *Boston, Massachusetts*

15. FILED *DEC -9, 1927* *Max G. Starckoff*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 5 1927*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at *4 1/2* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: *4 A*
Shock & Sepsis (Internal)
Jumping from
Berkeley Hotel Building
180 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Chronic*
Uselessness (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *185*
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) *Wm. Dwyer* M.D.
 179 27 (Address) *Dep Coroner*

*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 *Calvary* DATE OF BURIAL *Dec 10 1927*

20. UNDERTAKER *Harrigan & Schabert* ADDRESS *Washington*

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.

