

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

Do not use this space.

14834

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo (No. 1437, St. Market St. St. Ward)

791
Registration District No. **1003**

File No.....
Registered No. **3718**
St. Ward)

2. FULL NAME

Mary Mochel
(a) Residence. No. 1439 St. Market St. 26 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Don't know</u>		
7. AGE <u>about 67</u>	YEARS	MONTHS
		DAYS
	IF LESS than 1 day, ____ hrs. or ____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN): <u>New Orleans La</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Michael Hurley</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY) <u>Ireland</u>	
	12. MAIDEN NAME OF MOTHER <u>Ellen Garvan</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY) <u>Ireland</u>		
14. INFORMANT <u>Edward Mochel</u> (Address) <u>1439 St. Market St</u>		
15. FILED <u>JPR -3 1923</u> <u>Mary C Starker</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to April 2, 1928, that I last saw her alive on April 2nd 1928, and that death occurred, on the date stated above, at 6:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia

(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Cholera
(Signed) John C Creane, M. D.
(Address) 2504 N 14th St.

*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 April 4 1928

20. UNDERTAKER Hy Leidner and Co ADDRESS 1417 St. Market

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.

