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

Do not use this space.
15427
15160

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. City Hospital St. ..... Ward)

File No.....
Registered No. 4361

2. FULL NAME 1736 Mary Mulroy

(a) Residence. No. 8608 N Broadway St. ..... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 65 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 1862

7. AGE: Years 65 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Martin Cory.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland.
12. MAIDEN NAME OF MOTHER Margaret Cobb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Thomas Mulroy
(Address) City Hospital

15. APR 22 1928 Filed, 19.. Karl G Vastine Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1928

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1928, to April 20, 1928, that I last saw h. alive on April 20, 1928, and that death occurred, on the date stated above, at 9 18 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis 23 A
93 C
Pleural effusion — Thoracotomy
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Nephrosclerosis secondary to heart
(duration) ..... yrs. ..... mos. ..... ds.

18. WERE YOU CONSULTED? Yes
WHERE WAS DISEASE CONTRACTED? Patient did not know she had a bad H
IF NOT AT PLACE OF DEATH? Ch. Pulmonary
Chronic Myocarditis
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T M Donnelly, M. D
4/20, 1928 (Address) City Hospital

*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 23 1928

20. UNDERTAKER Benisek-Urbans — ADDRESS 1138 N 6th St

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.

Nulsoy