

JUL 27 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....St. Louis
 Township.....Carondelet
 City.....Koch

Registration District No.

1123

Primary Registration District No.

6248

File No.

21786

Registered No.

195

St.

Ward)

2. FULL NAME

Maher Wm.

(a) Residence. No. 2312 Franklin St.
 (Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos.

d9

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Husband of Mamie Maher

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

Sept. 16 1884

7. AGE

43

YEARS

MONTHS

9

DAYS

20

If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Ipwa

(STATE OR COUNTRY)

10. NAME OF FATHER

Nathan Maher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ills

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Maher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ills.

(STATE OR COUNTRY)

14.

INFORMANT R. Koch Hospital Records

(Address)

Koch Missouri

15.

FILED

June 8 1928 L. C. Obroch

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 7 1928

17.

I HEREBY CERTIFY That I attended deceased from Mar
31, 1928 to June 8, 1928

that I last saw h. im alive on June 7 1928, 1928, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

34 Pulmonary Tuberculosis

23A

About 31 (duration) 8 Mo.

CONTRIBUTORY Tbc. Laryngitis & Latent Lues.
 (SECONDARY)

Indefinite (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Unknown

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed)

Robert E. Schwartz

M. D

6/7/28

(Address) Koch Hosp.

*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

20. UNDERTAKER

ADDRESS

Calvary6-9 1928Arthur J. Donnelly 2037 Wash H

WHITE COPY, 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.

