

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

Do not use this space.

21823

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 5934
St. Ward)

2. FULL NAME

(a) Residence. No. 5942 Plymouth Ave. Ward 5
(Usual place of residence)

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, name of husband or (OR) WIFE OF the late John M. Ginnis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 2 3 — — —

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) (STATE OR COUNTRY) Canada

10. NAME OF FATHER James de Wau

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

12. MAIDEN NAME OF MOTHER Catherine Brisbane

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

14. Mrs. Charles S. McEweny
(Address) 5942 Plymouth Ave.

15. JUN -2 1928
FILED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1927 to May 1928
that I last saw her alive on May 1928, and that death occurred, on the date stated above, at 8:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis - Hemiplegia due to cerebral apoplexy

95B (duration) 6 yrs. 6 mos. — ds.

CONTRIBUTORY Cardio Renal Disease (SECONDARY) (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED at Place of death
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF None

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? History & Physical findings

(Signed) James J. Reilly, M.D.

Address 6125 Barton Ave

*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 Cem. DATE OF BURIAL June 4, 1928

20. UNDERTAKER Joe W. Clark ADDRESS 1155

REGISTRAR Joe W. Clark

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.

WHITE TO GREEN, WITH GRADING THEREIN—THIS IS A PERMANENT RECORD

