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.

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

Do not use this space.

35018

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9952

City St Louis (No. Mullanphy Hospital St. ..... Ward)

2. FULL NAME Baby McNamara

(a) Residence. No. 2517a Howard St., 20 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
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) Oct 9th 1928

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None 160 160
(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 Mo

PARENTS

10. NAME OF FATHER James McNamara
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St Louis Mo
12. MAIDEN NAME OF MOTHER Anna Lewandoski
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

14. INFORMANT James McNamara
(Address) 2517a Howard St

15. FILED OCT 11 1928 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-10-1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1928, to Oct 9, 1928 that I last saw him alive on Oct 9, 1928, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral haemorrhage incident to difficult delivery
(duration) — yrs. — mos. 1/2 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 161 B

DID AN OPERATION PRECEDE DEATH? N DATE OF —

WAS THERE AN AUTOPSY? N —

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) [signature], M. D

Oct 10, 1928 (Address) 1117 N Grand

*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: 10-11 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

Dr R.E. Kaul

1617 N Broad

Jeff 7141