

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

Do not use this space.

35371

**1. PLACE OF DEATH**

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

File No. 10563  
Registered No. ....

**2. FULL NAME**

Ellen Traynor  
(a) Residence, No. 5517 Pershing St. 17 Ward.  
(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. (If nonresident give city or town and State)

**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 Echo Traynor

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
About 68

**8. OCCUPATION OF DECEASED**

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

10. NAME OF FATHER John O'Donnell

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John J. Traynor  
(Address) 5517 Pershing

15. FILED 23 1928 Paul S. Stakoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1928

17. I HEREBY CERTIFY That I attended deceased from June 1, 1928 to Oct 22, 1928 and that I last saw her alive on Oct 21, 1928, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131 Metral Insufficiency  
92A (duration) yrs. 5 mos. da.  
CONTRIBUTORY Nephritic Chronic (SECONDARY) (duration) yrs. 5 mos. da.

18. WHERE WAS DISEASE CONTRACTED 1290  
IF NOT AT PLACE OF BIRTH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Merden Guesen, M. D.  
10/22, 1928 (Address) 5435 Easton

\*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 Library DATE OF BURIAL 10-24 1928  
ADDRESS 2039 West

20. UNDERTAKER Arthur J. Donnelly

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.

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