

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

Do not use this space.

4427

1. PLACE OF DEATH

County..... Registration District No. 1003
 Township..... Primary Registration District No. 787
 City St Louis (No. 1518 East John Ave) St. 1059 Ward

2. FULL NAME

Mary Shaughnessy
 (a) Residence. No. St. 97 Ward.
 (Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Shaughnessy</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 20 1865</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>8</u>	DAYS <u>0</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at Home</u> (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) Ireland

10. NAME OF FATHER Patrick Connor

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

12. MAIDEN NAME OF MOTHER Mary Golden

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

14. INFORMANT Mrs Mary Laffey
 (Address) 1518 E 1st John Ave

15. FILED 22 1929 Wm C. Stankley
 19. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1929

17. I HEREBY CERTIFY That I attended deceased from January 17, 1929, to January 20, 1929 that I last saw h. alive on Jan 20, 1929, and that death occurred, on the date stated above, at 10 35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobular
9018
 (duration)..... yrs. mos. 6 ds.
 CONTRIBUTORY Myocarditis Chronic
 (SECONDARY) Atherosclerosis (duration)..... yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 6 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) Wm M. Temm, M. D.
1/22, 1929 (Address) 5892 E 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 Cemetery DATE OF BURIAL 1-24 1929
 20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash 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.

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10/1/1911

5892 Eastern

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