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

Do not use this space.

8976

1. PLACE OF DEATH

County ..... Registration District No. 7911 ..... File No. 2088

Township ..... Primary Registration District No. 1008 ..... Registered No. .....

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

2. FULL NAME Margaret McDonough

(a) Residence. No. 3918 Labadie St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	single

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	63	—	—	

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

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9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ills.

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PARENTS

10. NAME OF FATHER Michael McDonough

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

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12. MAIDEN NAME OF MOTHER Unknown

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

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14. INFORMANT Harry Finnigan
(Address) 3918 Labadie Av

15. FILED 2-28 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr - 27th 1929

17. I HEREBY CERTIFY, That I attended deceased from February 20th, 1929, to Febr - 27th, 1929 that I last saw her alive on 2 - 20th, 1929, and that death occurred, on the date stated above, at 6.25 a.m.

186A THE CAUSE OF DEATH* WAS AS FOLLOWS:

SENILITY, CACHEXIA

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(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Fracture of 6 Ribs

FECAL IMPACTION falling

(duration) ..... yrs. ..... mos. ..... ds.

Accident on Bed

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at her home

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT FEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Gerh. Gruenfeld, M.D.

2/27, 1929 (Address) Jewish Hospital

*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 3-2 1929

20. UNDERTAKER Arthur J Donnelly

ADDRESS 2039 Wash St

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.