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.

791
1003

23441

File No.
Registered No. 6926

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. 6410 W Park Ave St. Ward)

2. FULL NAME Mary Ann McVey

(a) Residence. No. 6410 W Park St. 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Hugh P. McVey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1865

7. AGE: about 64 YEARS; MONTHS: Unknown; DAYS: ; If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: At Home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

PARENTS
10. NAME OF FATHER: Bill Brady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Hugh P. McVey
(Address) 6410 W Park Ave

15. FILED JUL -1 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 2 PM 6/29, 1929, to 11 PM 6/29, 1929 that I last saw her alive on 6/29-29 11 PM, 1929, and that death occurred, on the date stated above, at 11:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy Cerebral
B.P. Hemorrhage
97 74 A (duration) — yrs. — mos. 6 hrs ds.

CONTRIBUTORY (SECONDARY): arteosclerosis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? High B. P.
(Signed) Garnett Jones, M. D.
, 19 (Address) 1324 McCausland

*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 Cemetery
DATE OF BURIAL: July 2, 1929

20. UNDERTAKER: Kriegshauser Und Co
ADDRESS: 4104 Manchester

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