

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

Do not use this space.

38521

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No.

Registered No. 10916

St. Ward)

2. FULL NAME

(a) Residence. No. 707 East Gate St. 5 Ward. University City Mo.
(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 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 Leo Aughly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 = 6

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.....

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

10. NAME OF FATHER Tom Mahon

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

12. MAIDEN NAME OF MOTHER Louise Conoyer

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

14. INFORMANT (Address) Leo Aughly
707 East Gate St. 5

15. FILED 1929 W. C. Starck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw her alive on 19..... and that death occurred, on the date stated above, at 6:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & injuries, fractured skull struck by street car at corner of Olive St.

Nov 7 (duration) yrs. mos. ds. Accident

CONTRIBUTORY (SECONDARY) Heart involved (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF.....

19. WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. McKinley M.D.

11/8 19 29 (Address) Deputy Coroner

*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 St. Peter's Mo. DATE OF BURIAL Nov. 9, 1929

20. UNDERTAKER A. N. Clark ADDRESS 1120 N. Hodiamont

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.

