

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

Do not use this space.

10271

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St Louis (No. 1404) Allen Ave St. Ward)

File No.
Registered No. 2240
St. Ward)

2. FULL NAME

Mary Gaudy
(a) Residence. No. 1404 Allen Ave St. 23 Ward.

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 widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/18/62

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 67

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home work
(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 Pat Gaudy

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

12. MAIDEN NAME OF MOTHER Brigid Ford

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

14. INFORMANT Mrs G Bostach (Address) 1404 Allen Ave

15. FILED Max C. Gaudy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1930

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1928, to March 30, 1930, that I last saw her alive on March 20, 1930, and that death occurred, on the date stated above, at 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 6A.

93C
156B Chronic Myocarditis
(duration) 2 yrs. mos. ds.

CONTRIBUTOR (SECONDARY) Acute Bronchitis non Tubercular
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? POB

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Robert Reider, M. D.
March 27 (Address) 1012 Buyer Ave

*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 Gaudy DATE OF BURIAL March 30 1930

20. UNDERTAKER E J Schur ADDRESS 3125 Lafayette

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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