

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

Do not use this space. **21107**

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, (No....., St. Anthony Hospital..... St. Ward)

File No.....
Registered No. **5959**.....

2. FULL NAME Mary Fennessey

(a) Residence, No. 4564 Newport Ave. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1th 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 5 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dayton, Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas M. Lawless

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Peter C. Fennessey
(Address) 3537 Cherokee Stn.

15. FILED 20 1930 Max C. Starker REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19th 19 30

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1930 to June 19, 1930 that I last saw alive on June 17, 1930 and that death occurred, on the date stated above, at 6.05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
465

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Frederic Youngman, M. D.

June 19, 1930 (Address) 4602 Grand

*State the DISEASE CAUSING DEATH, or in death 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 & Paul Cemetery

DATE OF BURIAL

June 21 19 30

20. UNDERTAKER

Hauke & Schmidt

ADDRESS 3732 So. Grand, Blvd.

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.

