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

Do not use this space.

8074

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1002 Registered No. 2445

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

2. FULL NAME Mary Maher

(a) Residence. No. 1012a Victor St., 23 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.

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.

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 Maher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 16 - ?

7. AGE: Years: about 60 | Months: Unknown | Days: | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Hugh Pace
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER: Budget Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Ireland

14. INFORMANT: Budget Heagan
(Address) 5743 Cote Brilliante Ave

15. FILED FEB 24 1931 Max Wunderlich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 19 31 to Feb 22, 19 31, that I last saw h. alive on Feb 22, 19 31, and that death occurred, on the date stated above, at 1.50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
A138
C.V.A
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma Lungs
(duration) yrs. 6 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? Laboratory

(Signed) C. O. Bendy M.D.
Feb 23, 1931 (Address) Union Club Bldg

*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: Feb 25 1931

20. UNDERTAKER: Wacker Helderle | ADDRESS: 2331 S Broadway