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

Do not use this space.

16167

File No. 4644

Registered No.

1. PLACE OF DEATH

County

Township

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

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary Mc Gill

(a) Residence. No. 8615 S. Broadway St., 1 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	2	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(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 Steve McGill

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

12. MAIDEN NAME OF MOTHER Dinah Jones

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

14. INFORMANT Steve McGill
(Address) 8615 S Broadway

15. FILED 17, 19 31 Mark C. Walker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1931

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to April 13, 1931, that I last saw him alive on April 13, 1931, and that death occurred, on the date stated above, at 6.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Had Lobar Pneumonia left side. Not recd at the off
Mitral Insufficiency
1 Mo (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia Lobar
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH 8615 So Bway
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James J. Smith, M. D.
4/17, 1931 (Address) 3622 So Bway

*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	DATE OF BURIAL
St Trinity Luth Cem	4/18 1931
20. UNDERTAKER	**ADDRESS**
C. Hoffmeister & Co	1808 Broadway

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.