

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. 2853 Lyon Street)  
 Registered No. 26537  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME** William John Joseph Maher

(a) Residence. No. 2853 Lyon Street St. 24 Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 4th, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 5

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Charles A. Maher  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Missouri  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mary Ellen Carlton  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liverpool, England  
 (STATE OR COUNTRY)

14. INFORMANT Charles A. Maher  
 (Address) 2853 Lyon Street

15. FILED: 11 13 1931 May C. Starbuck  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9th, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1931, to July 19th, 1931, that I last saw him alive on July 19th, 1931, and that death occurred, on the date stated above, at 7:55 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

199  
Food poisoning  
(spoiled milk)  
 (duration) yrs. mos. 2 ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. M. Adams, M. D.

\*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 SS. Peter & Paul DATE OF BURIAL July 13, 1931

20. UNDERTAKER Wick Bros ADDRESS 2201 S. Grand

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.

2012-11-17

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