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

Do not use this space.

35676

1. PLACE OF DEATH
County: St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248H — Registered No. 2391
City: Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME: Mary O'Shaughnessy
(a) Residence, No. St Marys Hospital St., 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.

NOV 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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): Unknown 1868
7. AGE: Years 63 — Months — — Days — — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME: Wm O'Shaughnessy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT: Rev. G. T. Hoffman S.J.
(ADDRESS): St Louis Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Oct 28 1931
19. UNDERTAKER: Arthur J. Donnelly Undertaker
(ADDRESS): 2039 Wash St
20. FILED: 10/27 1931 C. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-25 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1931 to Oct 25 1931
I last saw her alive on Oct 24 1931. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Pulmonary	
23A Tuberculosis	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. A. Russell M. D.
(Address) 415 Beaumont Bldg St Louis Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr Kendallen

St Mary's Hospital