

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

Do not use this space.

39660

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St. Louis (No. 1032, Goodfellow Av) St. _____ Ward _____

File No. _____
 Registered No. 11875

2. FULL NAME

(a) Residence, No. _____ St. 5 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James McAlear</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1863</u>		
7. AGE <u>abt 68</u>	YEARS -	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. <u>at Home</u>	
	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) <u>Ireland</u>		
FATHER	13. NAME <u>Anthony Mc Cormick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Mrs Catherine Selter</u> (ADDRESS) <u>1022 Goodfellow Av</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabany</u> DATE <u>Nov 28th 1931</u>		
19. UNDERTAKER <u>Arthur J. Donnelly</u> (ADDRESS) <u>2039 Wash St</u>		
20. FILED <u>27</u> 1931 Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 26 - 1931

22. I HEREBY CERTIFY, That I attended deceased from NOV. 1 - 1931, to NOV 26 - 1931
 I last saw h. R. alive on NOV. 26 - 1931. Death is said to have occurred on the date stated above, at 8:50 a.m.
 The principal cause of death and related causes of importance were as follows:
LOBAR PNEUMONIA (LEFT SIDE) Date of onset NOV 22-31
103
9001
 Other contributory causes of importance:
CHRONIC M.Y.O. -
CARDITIS 1729

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Ex. Was there an autopsy? Yes

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? Yes
 If so, specify Fracture of Pelvis
 (Signed) Francis J. Mella M. D.
 (Address) 4114 W. of LOUISIANA

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.

Mr Medley

4114 W T Street

Co 2783

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