

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

Do not use this space.

2217

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City Ferguson, Mo. (No. 330 Hereford)

Registration District No. 784
Primary Registration District No. 6033
St. Hereford Ward 10A

File No.
Registered No.
St. Ward)

2. FULL NAME

Esther M. McDonough
(a) Residence, No. 330 Hereford, St. Ward.
(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank A. McDonough</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29 1891</u>		
7. AGE YEARS <u>40.</u>	MONTHS <u>6.</u>	DAYS <u>8.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>		
13. NAME <u>Frederick Sudekum</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn. 2</u>		
15. MAIDEN NAME <u>Esther Byrne</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>		
17. INFORMANT <u>Frank A. McDonough</u> (ADDRESS) <u>330 Hereford Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE		
19. UNDERTAKER <u>Mullen Undert. Co.</u> (ADDRESS) <u>5165 Delmar Blvd.</u>		
20. FILED <u>1/6</u> 19 <u>32</u> <u>Emma J. Harris</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1932

22. I HEREBY CERTIFY that I attended deceased from April 20 1931, to Jan 7 1932
I last saw her alive on Jan 7, 1932 Death is said to have occurred on the (date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Lungs
Date of onset

Other contributory causes of importance:
47B

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (C) Date of injury, 19.....
Where did injury occur? (C) (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 if deceased?

If so, specify

(Signed) W. H. Regan, M. D.
(Address) Ferguson 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.

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