

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

Do not use this space.

**23938**

1. PLACE OF DEATH  
96 County St. Louis  
Township Meramec  
City (No. Sherman Mo)

Registration District No. 785  
Primary Registration District No. 6032

File No. 23938  
Registered No. 142  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Nersey  
(a) Residence No. Sherman Mo 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.

**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>Late</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>about 1857</u> AGE <u>75</u> YEARS MONTHS _____ DAYS _____ <u>about 87</u> If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

PARENTS	10. NAME OF FATHER <u>unknown Gallagher</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Wm. Nersey  
(Address) Sherman Mo

15. FILED 7/23, 1932 P. E. Barnett, M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

7  
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1932

17. I HEREBY CERTIFY, That I attended deceased from July 22 1932 to July 22 1932 that I last saw her alive on July 22, 1932 and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio-sclerosis  
99 (duration) 2 yrs. 0 mos. 0 ds.  
CONTRIBUTORY Chronic Valvular Heart disease  
(SECONDARY) (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED 1  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Frank Ludjko, M. D.  
July 22, 1932 (Address) Ballwin Mo

\*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 <u>Calvary Cemetery</u>	DATE OF BURIAL <u>7-25 1932</u>
20. UNDERTAKER <u>Knigshauer Mortuaries</u>	ADDRESS <u>4104</u>

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.

AUG 30 1932

MARGIN RESERVED FOR BINDING

