

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

Do not use this space.

37107

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170
 7 Township Primary Registration District No. 6248H
 City Richmond Hts. (No. St. Mary's Hospital) St. Ward

2. FULL NAME

Theresa Mc Namara
 (a) Residence, No. 4242 Shaw Ave. St. Ward. St. Louis Mo.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Michael Mc Namara
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1880
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or min.
52 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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

13. NAME Patrick Kellard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Anna Mc Mahon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blacklist Ireland

17. INFORMANT Marion Mc Namara
 (ADDRESS) 4242 Shaw Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calmery Cem. DATE 11-5 32
 19

19. UNDERTAKER Tringhauser Mortuaries
 (ADDRESS) 4228 So. Kings Highway

20. FILED 11/3 19. 3-2 L. L. Jensen
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1932

22. I HEREBY CERTIFY That I attended deceased from Oct 30, 1932 to Nov 2, 1932

I last saw her alive on Nov 2, 1932 Death is said to have occurred on the date stated above, at 6¹⁵A m.

The principal cause of death and related causes of importance were as follows:

1. Acute Pyelitis Date of onset
 2. Septicemia
 1337
 36
 Other contributory causes of importance: 1550

Name of operation None Date of
 What test confirmed diagnosis? Urinalysis as there an autopsy?

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 70

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Cathusella
 (Signed) Cathusella, M. D.
 (Address) 415 Beaumont Bldg

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.

JAN 5 1933

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