

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primer Registration District No. 1003
 City St. Louis Mo. (No. St. Marys Infirmary)

File No. 41812
 Registered No. 10900
 St. _____ Ward _____

2. FULL NAME

Mary Bartolomy
 (a) Residence, No. 1438 21 24th St., 21 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Anthony Bartolomy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>49</u>	48	<u>6</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as splanner, 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) Illinois

13. NAME Wm Dagner

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

15. MAIDEN NAME Mary M. Coffery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Anthony Bartolomy (ADDRESS) 1438 21 24th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 9 1932

19. UNDERTAKER Central City Co. (ADDRESS) 1841 Center St.

20. FILED DEC - 8 1932 Max O. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-29 1932, to 12-5 1932

I last saw him alive on Dec 5 1932. Death is said to have occurred on the date stated above, at 12:10 a.m.

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

Cirrhosis of Liver
Adenoma of Liver Malignant
46E / 3, 4B
 Date of onset _____
 Other contributory causes of importance:
Operation - Attaching
adentum to Anterior
Abdominal Wall

Name of operation TALMA Date of 12-2-32
 What test confirmed diagnosis? Operation 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? _____
 If so, specify _____

(Signed) E. W. Hahn, M. D.
 (Address) St. Marys Infirmary

E. W. Hahn, M. D.

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.

Dr. M. H. ...

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