

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

Do not use this space.

8689

**1. PLACE OF DEATH**

County ..... Registration District No. 79th  
 Township ..... Primary Registration District No. 4003  
 City St. Louis Mo. (No. 4905 Brooke Ave)

File No. ....  
 Registered No. 2107  
 St. .... Ward)

**2. FULL NAME** Margorie E. Desmond

(a) Residence, No. 4905 Brooke Ave St., 9 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 - 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
20 9 -

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.

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) Iowa

FATHER 13. NAME Wm J. Desmond

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

MOTHER 15. MAIDEN NAME Evelyn G. Vogt

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

17. INFORMANT (ADDRESS) Wm J. Desmond  
4905 Brooke Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar 3 1933

19. UNDERTAKER (ADDRESS) By Leidner and Co  
1917 N. Market St

20. FILED MAR -2 1933 Alex C. [Signature] Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1933

22. I HEREBY CERTIFY, That I attended deceased from on Feb 28, 1933

I last saw her alive on Feb 28 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Uraemia due to chronic interstitial Nephritis Date of onset Not known

Other contributory causes of importance:

Name of operation renal Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) Roland R. Menow M. D.

(Address) 5330 Geraldine Ave.

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.

5320 *Lachidon*

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