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

Do not use this space.

File No. 21575
Registered No. 5371

1. PLACE OF DEATH

County ..... Registration District No. 7921
Township ..... Primary Registration District No. 6002
City St Louis (No. 4024a Green Ave St. ..... Ward)

2. FULL NAME William P. Maher

(a) Residence, No. 4024a Green Ave, 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagner Elec. Co.
10. Date deceased last worked at this occupation (month and year) Jan 1933 — 11. Total time (years) spent in this occupation 21

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

FATHER
13. NAME Patrick Maher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary E. Elser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Effie Maher
(ADDRESS) 4024a Green Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE June 20, 1933

19. UNDERTAKER Freeman Funeral
(ADDRESS) 1905 Union Blvd

20. FILED JUN 20 1933, 19 J. F. Biedeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to June 19, 1933
Last saw he alive on June 18, 1933. Death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma Inguinal glands. General Debility, Emaciation, 53E	Apr 4 1933

Other contributory causes of importance:

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? — 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) Dr L. C. Bunte, M. D.
(Address) 2806 N. Grand Ave
Per Dr. G. A. Mellies

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.

61
15
15

2743 N Grand
v-4