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

Do not use this space.

File No. 24933
Registered No. 6350

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1703
City St. Louis (No. St. Mary's Hospital St. ..... Ward)

2. FULL NAME Marguerite L. Begley

(a) Residence, No. 3162 Ogden St. 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.

AUG 28 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Timothy J. Begley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 19, 1909

7. AGE: Years 24 | Months 0 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 146
10. Date deceased last worked at this occupation (month and year): 130
11. Total time (years) spent in this occupation: 13A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

FATHER

13. NAME: William Freymeier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

MOTHER

15. MAIDEN NAME: Lydia Trigg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

17. INFORMANT (ADDRESS): Timothy J. Begley

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 24, 1933

19. UNDERTAKER (ADDRESS): Matt Humphrey & Son, Chevrolet Fair Oak

20. FILED ..... 19..... J. F. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933, to July 21, 1933. I last saw her alive on July 21, 1933. Death is said to have occurred on the date stated above, at 2:55 A.m.

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

Bleeding in
acute Nephritis
Pregnancy
acute Myocarditis

Date of onset

Other contributory causes of importance: 149

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) Emma Ross, M. D.
(Address) 1918 S. Grand

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.

WHITE PAPER WITH SHADING INDICATING IT IS A PERMANENT RECORD