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.

OCT 20 1933

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

Do not use this space.

31468

File No. 8140

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. , Deaconess Hosp St. Ward)

Registration District No. 791 1003

Primary Registration District No.

2. FULL NAME Mary Mc Elroy

(a) Residence, No. 4842 Anderson Ave St., 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: 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 James Mc Elroy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 - 1863

7. AGE: Years 70 | Months 5 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) Normandy Mo

FATHER

13. NAME Wm Leonard

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

MOTHER

15. MAIDEN NAME Margaret Ryan

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

17. INFORMANT Agnes Mc Elroy
(ADDRESS) 4842 Anderson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept 21 1933

19. UNDERTAKER Bruckshire Undt Co
(ADDRESS) 4740 N Broadway ave

20. FILED SEP 20 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

1 No Phy Seen in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:00 P. m.

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

	Date of onset
Encephalitis - (Epidemic)	
17	

Other contributory causes of importance: 17

Name of operation ..... Date of 7no

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) Barnet Dolinsky M. D.

(Address) 2 S. Jefferson

9/19/33