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.

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

Do not use this space.

34359

File No.

Registered No. 117

1. PLACE OF DEATH

County St Louis — Registration District No. 790

Township — Primary Registration District No. 6033 a

City Clayton (No. 6519, San Bonita St. Ward)

2. FULL NAME Lillian A. McNamara

(a) Residence, No. (Usual place of abode) St., 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1850

7. AGE: Years 83 — Months — — Days — — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Ky.

FATHER

13. NAME: James Hart

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

MOTHER

15. MAIDEN NAME: Anna Birmingham

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

17. INFORMANT (ADDRESS): Florence B Lee, 6519 San Bonita a

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Oct 7 1933

19. UNDERTAKER (ADDRESS): Arthur J Donnelly & Co, 3840 Finney Ave

20. FILED: 10/6 1933 Robert J Huelsmann, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1933 to October 4, 1933. I last saw her alive on October 4, 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

	Date of onset
Chronic myocarditis	Indefinite

Other contributory causes of importance:

Senility

Name of operation: None Date of:

What test confirmed diagnosis? All usual 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) [illegible], M. D.

(Address) 2278 S. Jefferson

[illegible]

[illegible]

[illegible] 4216