

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.

NOV 10 1933

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

Do not use this space.

34849

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 11153
City St. Louis, Mo. (No. 8408, Pennsylvania) St. Ward)

File No.
Registered No. 9025

2. FULL NAME

Mary Ellen Maher
(a) Residence, No. 8408 Pennsylvania St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>(late) John Maher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 28, 1876</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>9</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>St. Louis, Mo</u>		
FATHER	13. NAME <u>Thos. Egan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Margaret M^c Daniel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Arthur Delapney 8408 Pennsylvania</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive</u> DATE <u>Oct. 19, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Southern Undertaking Co 6320 S. Broadway</u>		
20. FILED <u>OCT 19 1933</u> Registrar <u>J. Bredece</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933 to Oct. 16, 1933
I last saw him alive on October 16, 1933 Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Kidney
carcinoma of liver
53A
46E
Date of onset 1932 May 33

Other contributory causes of importance: 46C

Name of operation clinical 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? no
If so, specify George G. O'Sullivan M. D.
(Signed) George G. O'Sullivan
(Address) 421 Schumer

12/17

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