JAN 26 1934

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

Do not use this space.

41771

1. PLACE OF DEATH
County St Louis — Registration District No. 91
Township — Primary Registration District No. 93
City — (No. 6321 Clayton Rd St. Ward)

File No.
Registered No. 10812

2. FULL NAME Catherine Maher
(a) Residence, No. 6321 Clayton Rd St., 5 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 Lawrence Maher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 1857

7. AGE YEARS 76 MONTHS 8 DAYS 15 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) St Louis Mo

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

MOTHER
15. MAIDEN NAME Catherine Farell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Loretta Maher
(ADDRESS) 6321 Clayton Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec. 18 1933

19. UNDERTAKER Wm F. Paschedag
(ADDRESS) 2825 No Grand Av

20. FILED DEC 17 1933 J A Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Dec 16, 1933
I last saw her alive on Dec 16, 1933 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Infarction Heart Block	
Myocardial Chronic	
131 (Father's degeneration)	
93C	
95A	

Other contributory causes of importance: Chronic Interstitial Nephritis ?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 .....
(Signed) R. E. Hamm, M. D.
(Address) Mercy Clay Hosp
St Louis Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.