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

Do not use this space.

7219

File No. .....

Registered No. 2102

APR 25 1934

1. PLACE OF DEATH

County .....

Township .....

City St. Louis Mo. (No. 4160a St Louis St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary Healey

(a) Residence, No. 4160a St. Louis Ave St., 11 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8th. 1874

7. AGE: 59yrs. Years 5 Mo. Months 20 Days Days. If LESS than 1 day, ... hrs. ..... 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) England

FATHER

13. NAME Peter Healey

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

MOTHER

15. MAIDEN NAME Bridget O'Loughlan

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

17. INFORMANT Kate Healey
(ADDRESS) 4160a St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE March 2nd. 34

19. UNDERTAKER Harrigan & Sheahan Und Co
(ADDRESS) 4415 Washington Blvd

20. FILED MAR - 1 1934 J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27th. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 31 to Feb. 27 34
Last saw her alive on Feb. 27 34. Death is said to have occurred on the date stated above, at 2:45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2-25/34
Carcinoma of Intestines (Small)	9/24/33
Primary Seat of Cancer Unknown	

Other contributory causes of importance:
Chronic Cystitis, June/31

Name of operation None Date of
What test confirmed diagnosis? 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) Raymond J. Sheahan, M. D.
(Address) 4000 S. Grand
(STRIEGEL)

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.

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