

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003 File No. 18904  
 City St. Louis (No. 3751 Westminster Place Registered No. 5419 St. .... Ward)

**2. FULL NAME**

Mary A. Morick  
 (a) Residence, No. 3751 Westminster Pl. St. 19 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug. 15 - 1869

7. AGE YEARS 64 MONTHS 9 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. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) mo.

FATHER 13. NAME James Cavanaugh

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

MOTHER 15. MAIDEN NAME Margaret Lawler

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

17. INFORMANT John Cavanaugh (ADDRESS) 3751 Westminster

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE June 2 1934

19. UNDERTAKER Cullinane Bros. (ADDRESS) 1710 N. Grand St.

20. FILED 37 1934 J. F. Bredbeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 2 1934 to May 30 1934  
 I last saw her alive on May 30 1934 Death is said to have occurred on the date stated above, at 4p. m.  
 The principal cause of death and related causes of importance were as follows:

1. Cirrhosis of the liver Date of onset 1928  
 2. Chronic myocarditis 2/2/34

Other contributory causes of importance: hypertension  
 Name of operation none Date of .....  
 What test confirmed diagnosis? none 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) John J. Conroy M. D.  
 (Address) 508 N. Grand St.

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.

JUN 19 1934

John  
Hume  
Metropolitan Bldg.