

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

Do not use this space.

27175
17412

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **St. Anthony's Hosp**) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME *Mary Cleland*

(a) Residence, No. *6607 Minnesota Av. 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 30 - 1871*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>62.</i>	<i>9.</i>	<i>22</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

MOTHER FATHER 13. NAME *Hugh Connolly*

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

MOTHER 15. MAIDEN NAME *Mary Orr*

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

17. INFORMANT *Ruth Schatz* (ADDRESS) *6607 Minnesota Av.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *July 25 1934*

19. UNDERTAKER *Edith E. Ambuster* (ADDRESS) *4234 Manchester Av.*

20. *J. H. Bredeck* Registrar.

A MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 22 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 1934* to *July 22 1934*
I last saw her alive on *July 22 1934* Death is said to have occurred on the date stated above, at *6:30 P. M.*

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

Chronic myocarditis unknown
Arteriosclerosis unknown
Hypertension unknown
Insolation (Heatstroke) 7-26-34

Name of operation *none* Date of operation

What test confirmed diagnosis? *Cholera* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) *Walter Schneider* M. D.
(Address) *3318 S Grand St. St. Louis Mo.*

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.

AUG 15 1934

5-15-34

3318 A. Kamm

A. Kamm

1880

1880

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