SEP 25 1934

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

Do not use this space.

31538

File No.

Registered No. 308

1. PLACE OF DEATH

County St Louis

Township Carondelet

City (No. St. Ward)

Registration District No. 1123

Primary Registration District No. 6248 E

2. FULL NAME Sister Mary Lucy O'Leary

(a) Residence, No. MT ST ROSE Hosp St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1905

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sister in Mt St Rose Hospt

10. Date deceased last worked at this occupation (month and year) 3/1/1934

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER

13. NAME Thomas Oleary

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

MOTHER

15. MAIDEN NAME Anna Loraud

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

17. INFORMANT (ADDRESS) Sister May Kathleen 9101 S Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ills DATE 8/21/34 19

19. UNDERTAKER (ADDRESS) Arthur G Donnelly 5840 S Halsted Chicago

20. FILED 8-19 1934 Dora Yale M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1934, to 8/19 1934

I last saw her alive on 8/18 1934. Death is said to have occurred on the date stated above, at 3 a m.

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

	Date of onset
Pulmonary tuberculosis 23A 93C	Sept 1933
Other contributory causes of importance: Chronic myocarditis	June 1934

Name of operation — Date of

What test confirmed diagnosis? Xray 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? No

If so, specify

(Signed) Lou A Deane, M. D.

(Address) 9101 So. Broadway

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