

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

Do not use this space.

34265

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **4156**, **Constitution**) St. Ward)

File No.
Registered No. **9056**
St. Ward)

2. FULL NAME

Mary A. McCartney
(a) Residence, No. **4156 Constitution** Ward. (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 Thomas McCartney		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 / 1859		
7. AGE YEARS 74	MONTHS 8	DAYS 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife		11. Total time (years) spent in this occupation
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)		

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

13. NAME **James Glassy**

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

15. MAIDEN NAME **unknown**

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

17. INFORMANT (ADDRESS) **John A. McCartney 4156 Constitution**

18. BURIAL, CREMATION, OR REMOVAL
Place **Loubas Mo** DATE **Sept 19 1934**

19. UNDERTAKER (ADDRESS) **Ziegler Bros 2423 Cherokee St**

20. FILED **7** 19 **34**
J. V. Bebeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 10 1934**
22. I HEREBY CERTIFY, That I attended deceased from **Aug 7 1934**, to **Sept 10 1934**
I last saw **her** alive on **Sept 10 1934** Death is said to have occurred on the date stated above, at **1:50 p. m.**
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arterio-sclerosis & High Blood Pressure
Other contributory causes of importance: **None**
Date of onset **Aug 7 1934**

Name of operation **None** Date of **None**
What test confirmed diagnosis? **Chemical** 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 **None**, 19 **None**
Where did injury occur? **None**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**
Nature of injury **None**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **J. P. Friedman** M. D.
(Address) **3146 Morgan and St. Rd**

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

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.

10-11-34

