

JAN 24 1934

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

Do not use this space.

44506

1. PLACE OF DEATH

County.....  
Township.....  
City..... *St. Louis*

Registration District No. *1003*  
Primary Registration District No. *De Paul Hospital*

File No.....  
Registered No. *11610*  
St. .... Ward)

2. FULL NAME

*Mary Eileen D'Arcy*  
(a) Residence, No. *47124 Marcus* St. *7* 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 17 1924*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *10 2 16*  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School girl*  
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) *St. Louis*

FATHER 13. NAME *Timothy B. D'Arcy*

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

MOTHER 15. MAIDEN NAME *Mary Higgins*

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

17. INFORMANT (ADDRESS) *Timothy B. D'Arcy 47124 Marcus St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cathay* DATE *Dec 8 1934*

19. UNDERTAKER (ADDRESS) *Arthur J. Donnelly & Co 3840 Broadway St*

20. FILED: *6-13-34* *J. F. Bredek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-5-34*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 21 1934* to *Dec 5 1934*

I last saw him alive on *Dec 5 1934* Death is said to have occurred on the date stated above, at *8:05 pm*.

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

*Menigitis (Strep-Staph + Pneumococcus in spinal fluid)*

Other contributory causes of importance:

Name of operation *None* Date of *1934*

What test confirmed diagnosis? *Cerebral* 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) *W. H. Joyce*, M. D.

(Address) *5738 W. Florissant*

5788 W. F. ...

11-180

MAY 24 1935

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1983

City *St. Louis* (No. *De Paul Hosp*)

St. ....

File No. *44506*Registered No. *17610*

St. ....

Ward) .....

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min. *10 2 18*

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED *5-23-* 19 *35* *J. J. Bredech* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 5 1934*

I HEREBY CERTIFY, That I attended deceased from

, 19... to... , 19...

I saw him alive on... , 19... Death is said

to have occurred on the date stated above, at... m.

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

*myocardial acute  
Staph - Staph  
pneumococcus in  
open fluid*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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) *Matt J. Crause*, M. D.(Address) *5738 W. Flourens*

no more information available.

S-44506

JAN 23 1935