

MAY 13 1935

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

Do not use this space.

14820

## 1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis Mo** (No. .... Sanitarium ..... Sl. .... Ward) Registered No. **3671**

## 2. FULL NAME

**Maggie Grooms**  
(a) Residence, No. **01129 No Grand St.** 11 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 **Edward Grooms**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 13 / 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**70 10 9**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housework**

10. Date deceased last worked at this occupation (month and year) **Jan 1923** 11. Total time (years) spent in this occupation.....

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

13. NAME **William Finegan**

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

15. MAIDEN NAME **Elyabeth Houston**

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

17. INFORMANT (ADDRESS) **Hubert P Smith 5400 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **4/25 1935**

19. UNDERTAKER (ADDRESS) **Arthur J Donnelly 1840 Lindell Bldg**

20. FILED **APR 23 1935** 19 **J. Bedeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 11 1933**, to **April 22 1935**

I last saw her alive on **April 22 1935**. Death is said to have occurred on the date stated above, at **6:25 a.m.**

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

**Bronchitis pneumonia** Date of onset **9/20/33**

Other contributory causes of importance:

**Chronic nephritis**  
**Gen. arterio-sclerosis**  
**Senility** **1933**

Name of operation **None** Date of.....

What test confirmed diagnosis? **clinical** 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..... **None**

Nature of injury.....

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

If so, specify.....

(Signed) **Hubert P Smith**, M. D.  
(Address) **5400 Arsenal 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.

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