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.

NOV 2 1935

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

Do not use this space.

31300

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St. Louis (No. 5176, Page St. Ward)

File No. 8117

Registered No. .....

2. FULL NAME MARY WIRT

(a) Residence, No. 5176 Page St., 5 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9, 1871

7. AGE: YEARS 64 MONTHS 3 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Ireland

FATHER

13. NAME: Patrick O'Hallaru

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Loretto Peck 5176 Page Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cem DATE: Sept 30 1935

19. UNDERTAKER (ADDRESS): Mullen Bros 4259 Lindell

20. FILED: SEP 27 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1935, to September 26, 1935

I last saw her alive on September 26, 1935. Death is said to have occurred on the date stated above, at ~~P.M.~~ 12 45 P.M.

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

Hemorrhage of brain with Complete Paralysis of entire body and edema of lungs

92°

Date of onset: Unknown apparently about six months prior to death

Other contributory causes of importance: Chronic articular Rheumatism and Mitral insufficiency of six or more months duration. I never saw her but the one

Name of operation: time 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 ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W F McConkey, M. D.

(Address) 5143 Maple Ave