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

Do not use this space.

38007

DEC 12 1935

791

1003

File No. 10019

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 4000 North Newstead St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Margaret Shanahan

(a) Residence, No. 4000 North Newstead St., 10 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): Widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF the late Thomas Shanahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23rd-1861

7. AGE: YEARS 74 MONTHS 5 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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 Missouri

FATHER

13. NAME Andrew Rooney

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

MOTHER

15. MAIDEN NAME Dorothy Phelan

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

17. INFORMANT (ADDRESS) Mary Shanahan 4000 North Newstead Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Calvary DATE Nov 30th 1935

19. UNDERTAKER (ADDRESS) Stroot - Carroll 4000 North Newstead Ave

20. FILED NOV 29 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-27th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1935, to Nov-27, 1935.

I last saw her alive on Nov 26, 1935. Death is said to have occurred on the date stated above, at 12 20 a.m.

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

Chronic Lobulated Nephritis — Date of onset: Not known

Other contributory causes of importance: 131

Name of operation: Nyer Date of

What test confirmed diagnosis? Laboratory 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) [signature], M. D.

(Address) 704 Olive St

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-11-24-33