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.

JAN 13 1936

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

Do not use this space.

41019

791

1. PLACE OF DEATH

County ..... Registration District No. 1003

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

City St Louis (No. St Anns Home St. ..... Ward)

File No. .....

Registered No. 10195

2. FULL NAME Mary Martin

(a) Residence, No. 5301 Page Av St., 6 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1862

7. AGE: YEARS 73 | MONTHS — | DAYS — | 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. .....

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: Michael Brady

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

MOTHER

15. MAIDEN NAME: Bridget McDermott

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

17. INFORMANT (ADDRESS): Bridget Brady 5301 Page Av

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Dec 4th 1935

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U Co 9840 Lindell Av

20. FILED DEC -3 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/15/34, 19 to 12/2/35, 19

I last saw her alive on 12/2/35, 19 Death is said to have occurred on the date stated above, at 1 P m.

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

	Date of onset
Carcinoma esgoroid	2 yrs

46

Other contributory causes of importance:

Artery sclerosis → (2)

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? no

If so, specify —

(Signed) D. Dalk, M. D.

(Address) Beaumont Bldg

15

15

15

FORM-3-28-35

Dr O.P.J Fain
3920 Washington
Jr 08.00
1.30 pm