WHITE PAPER, 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.

File No. 41637
Registered No. 10881

791

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. ..... (No. In rout City Hospital St. ..... Ward)

City St. Louis

2. FULL NAME Mary Hanna

(a) Residence, No. 1725 N Spring Ave. St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	7	16	

OCCUPATION

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

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

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 John Tracy

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

MOTHER

15. MAIDEN NAME Mary Lainer

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

17. INFORMANT Della Meyer
(ADDRESS) 4543 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Dec. 24, 1935

19. UNDERTAKER Cullen & Kelly
(ADDRESS) 1416 N. Taylor Ave.

20. FILED DEC 23 1935, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1935, to 12-21, 1935. I last saw h. alive on 12-21, 1935. Death is said to have occurred on the date stated above, at 11 P.m.

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

	Date of onset
Left Hemiplegia	12-21-35
Result of Cerebral Apoplexy	
DCA	

Other contributory causes of importance:

Arterial hypertension	

Name of operation none Date of .....
What test confirmed diagnosis? Not 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) [illegible], M. D.
(Address) 5074 [illegible] Blvd.