

MAY 21 1936  
MAY 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1002**  
City St. Louis (No. De Paul Hospital)

20914

File No. ....  
Registered No. **5114**  
St. .... Ward)

2. FULL NAME

Margaret A. Hereen

(a) Residence, No. 3642 Humphrey Ward. 16  
(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 <u>Female</u>	4. COLOR OR RACE <u>Wk.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13, 1878</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School teacher</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>M<sup>o</sup> Kinley High School</u>	
	10. Date deceased last worked at this occupation (month and year) <u>St. Louis Mo.</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
MOTHER	13. NAME <u>William Hereen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Ann O'Connell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Mrs. Lily Buck</u> (ADDRESS) <u>3642 Humphrey</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>5/12/36</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. N. Sturck</u> <u>1225 Union Blvd.</u>		
20. FILED <u>MAY 11 1936</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1936, to May 9, 1936  
I last saw her alive on May 9, 1936 Death is said to have occurred on the date stated above, at 6:58 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma, Splenic Flexure (Malignant) causing intestinal obstruction  
Date of onset ?

Other contributory causes of importance:  
Coronary Thrombosis May 26

Name of operation Colostomy Date of May 26  
What test confirmed diagnosis? Tissue Report 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? No  
If so, specify \_\_\_\_\_  
(Signed) P. Emmet Hane M. D.  
(Address) 1117 N. Grand

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.

