

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.

JUN 5 1936

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

Do not use this space.

791
1003

20924

1. PLACE OF DEATH

County St. Louis

Registration District No. 1003

Township St. Louis

Primary Registration District No. St. Lukes Hospital

City St. Louis

No. 5

File No. _____

Registered No. 5125

St. _____

Ward 5

2. FULL NAME

(a) Residence, No. 607 E. 8th St. 5 Ward. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5th 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 5 8 6

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

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) St. Louis Missouri

13. NAME Thomas Laylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Mary Ferris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Mentholange Phelan 607 E. 8th St. 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE May 14th 1936

19. UNDERTAKER (ADDRESS) 2700 - Carrouse 401 E. National Bldg.

20. FILED MAY 12 1936 J. F. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:35 m.

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

Edema of brain. Petechial hemorrhages in vital organs. Full postmortem residence; whether accidental or intentional

Other contributory causes of importance: could not be ascertained.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence, fall) is also the following: Accident, suicide, or homicide? open heart 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) Margaret J. Phelan M.D.

(Address) St. Louis

