1031

JUL 14 1936

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

Do not use this space.

24505

791

1003

File No. 6124

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3316 Rutger St St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Mary E. McCormac

(a) Residence, No. 3316 Rutger St., 18 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 Joseph McCormac

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2-1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	4	14	

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 Paul J. Keane

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

MOTHER

15. MAIDEN NAME Hanora Kyne

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

17. INFORMANT (ADDRESS) Mayme McCormac 3316 Rutger St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 6-16 1936

19. UNDERTAKER (ADDRESS) Peetz Bros. 3029 Lafayette

20. FILED JUN 15 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1936, to 6-16, 1936

I last saw her alive on 6-16 9-30, 1936 Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Fractured hip	3/30/36
186	
Other contributory causes of importance:	
Bronchopneumonia	6-13-36
Toxemia	6-13-36

Name of operation None. Date of

What test confirmed diagnosis? X Ray Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/30, 1936

Where did injury occur? St Louis mo home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home.

Manner of injury fell in bed room

Nature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J Martin, M. D.

(Address) 607 No Grand.

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.

VOS. NO. 2 100M-3-28-35

Dr Thomas Martin
W. Club Bldg