

JUL 14 1936

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

Do not use this space.

24914

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **ST. LOUIS, MO.** (No. **4664**), **EVANS AVE.** St. **6570** (Ward)

2. FULL NAME **EMMA L. MAC CREADY**

(a) Residence, No. **4215 WESTMINSTER** St. **19** Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **HARRY B. MAC CREADY**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 15, 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **HOUSEWORK**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **housewife**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **MARION, OHIO**
(STATE OR COUNTRY)

FATHER
13. NAME **RICHARD WOLFE**

14. BIRTHPLACE (CITY OR TOWN) **IRELAND**
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME **ELIZABETH FITZGERALD**

16. BIRTHPLACE (CITY OR TOWN) **IRELAND**
(STATE OR COUNTRY)

17. INFORMANT **WM. MAC CREADY**
(ADDRESS) **4215 WESTMINSTER PL.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **BELLEFONTAIN CEM.** DATE **JUNE 30, 1936**

19. UNDERTAKER **MULLEN BRGS.**
(ADDRESS) **4259 LINDELL BLVD.**

20. FILED **JUN 29 1936** *J. P. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 27, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 8, 1936** to **June 19, 1936**
I last saw h. **er** alive on **June 26, 1936** Death is said to have occurred on the date stated above, at **5 A.M.**

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

Uremia
hypostatic Pneumonia
Bronchial
Uremia due to chronic
Date of onset **6/20/36**

Other contributory causes of importance:

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) **Ducent J. Polignola, M. D.**
(Address) **719^a No 70^a 6th St**

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.

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