JUL 27 1936

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

Do not use this space.

27898

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No.

Township ~~Clayton~~ Central — Primary Registration District No. 6633 — Registered No. 195

City ~~Normandy~~ (No. 6825 Natural Bridge St. Ward)

2. FULL NAME Ellen McHale,

(a) Residence, No. 5736 Lotus Str. St., 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Palmer J McHale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/11/1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	7	21	

OCCUPATION

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

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) (STATE OR COUNTRY) Ireland

FATHER

13. NAME Peter O'Brien

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

MOTHER

15. MAIDEN NAME Ellen Furlong

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

17. INFORMANT (ADDRESS) Helen McHale 5736 Lotus St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 4 1936

19. UNDERTAKER (ADDRESS) Chas. H. Stuart 1225 Union Blvd

20. FILED 7-3- 1936 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936 to July 2, 1936

I last saw her alive on July 1st, 1936 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

	Date of onset
Chr. arteriosclerosis, Chr. myocarditis, mitral stenosis. Chr. interstitial nephritis, generalized edema. Chr. hypertension with block heart.	

Other contributory causes of importance:
Extreme obese; totally blind and has been for years, due to retinal arterial atrophy.

Name of operation OVER Date of

What test confirmed diagnosis? cli 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) Lake B. Timmons, M. D.

(Address) 3718 Jennings Rd.

7/2/36

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.

Sec; Pulmonary edema with block heart, extreme senility .Died in Home of Incurables.