

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.

1645

SEP 15 1936

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

Do not use this space.

32827

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **1223a (Rear)**) N. **11th St.** St. Ward

File No.....
Registered No. **8706**

2. FULL NAME **Mary Noonan Weston**

(a) Residence, No. **1223a (Rear)** N. **11th St.** Ward **25**
(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) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF **Harry**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 13 1880**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 **#** **7**

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
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 Mo**

FATHER
13. NAME **William Noonan**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER
15. MAIDEN NAME **Virge Hardy**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

17. INFORMANT **Ida Noonan**
(ADDRESS) **1417 Hobart St**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cem** DATE **Aug 22nd, 1936**

19. UNDERTAKER **Harrigan & Sheehan Und Co**
(ADDRESS) **4415 Washington Blvd.**

20. FILE **AUG 22 1936**
J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 21st, 20, 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 **11:35 A. M.**
The principal cause of death and related causes of importance were as follows:
Heat Stroke

Chronic Myocarditis; Aortitis; Splenitis;
Other contributory causes of importance: **MI**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **yes**

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) **Harold J. [Signature]** M. D.
(Address) _____

