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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 3 1936

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

Do not use this space.

42780

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. 11331

Registered No. .....

City St. Louis, Mo. (No. 630 S. Kingshighway Blvd. St. ..... Ward)
ST LOUIS MATERNITY HOSP.

2. FULL NAME McGlynn, Infant

(a) Residence, No. 38 Country Club Dr. St. N.R. Ward. Belleville, Ill.
(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: Male

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) 11-13-36

7. AGE — YEARS: ..... MONTHS: ..... DAYS: ..... If LESS than 1 day, 8 hrs. or 40 min.

OCCUPATION

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

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, Mo.

FATHER

13. NAME McGlynn, Joseph Bernard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E.St.Louis, Ill.

MOTHER

15. MAIDEN NAME O'Brien, Metta

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

17. INFORMANT (ADDRESS) JOSEPH B. McGLYNN BELLEVILLE, ILL

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. CARMEL DATE NOV. 14 1936

19. UNDERTAKER (ADDRESS) NELL WALSH BARNES East St. Louis, Ill.

20. FILED NOV 14 1936 J. F. Briedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/13, 1936, to 11/13, 1936

I last saw him alive on 11/13, 1936. Death is said to have occurred on the date stated above, at 10 A.M.

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

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Breech Extraction

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? .....

If so, specify .....

(Signed) Dorothy M. Nuell M.D. Dorothy M. Nuell M.D., M.D.

(Address) St. Louis Maternity Hospital