

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.

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

Do not use this space.

46683

JAN 10 1937

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis. (No. Desloge Hospital.) Registered No. **12477**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Rohan.

(a) Residence, No. 6042 Waterman Ave., 5 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Thomas A. Rohan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1887.

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
|        | 49    | 11     | 15   |                                  |

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) St. Louis. Mo.

13. NAME Cornelius Harrison.

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

15. MAIDEN NAME Catherine Luaghlin.

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

17. INFORMANT Miss Mary L. Rohan.  
 (ADDRESS) 6042 Waterman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemty DATE Dec. 23, 1936.

19. UNDERTAKER Arthur J. Donnelly Undt. Co.  
 (ADDRESS) 3840 Lindell Blvd.

20. FILED **DEC 21 1936** J. J. Bredek  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1936 to December 20, 1936  
 I last saw him alive on December 20, 1936 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:  
 Date of onset \_\_\_\_\_

Lymphosarcoma of  
abdominal glands  
metastatic  
 Other contributory causes of importance:  
acute Myocarditis 12-20-36

Name of operation None Date of None  
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 19  
 Where did injury occur? None  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
None  
 Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) G. O. Brown, M. D.  
 (Address) Termini Desloge Hospital  
St Louis Mo

