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.

FEB 8 1937

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

File No. 4062
Registered No. 1105

2. FULL NAME Rose Maher.
(a) Residence, No. 340 Rosedale Ave. St., N.R. Ward. Webster Groves Mo.
(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 HUSBAND OF (OR) WIFE OF: Joseph Maher.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1879

7. AGE: YEARS 58; MONTHS Unknown; DAYS; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home. 2 33
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): New York. 2

FATHER
13. NAME: Andrew McKelvey.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York. 2

MOTHER
15. MAIDEN NAME: Jennie Mulholland.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mew York. 2

17. INFORMANT (ADDRESS): Joseph Maher. 340 Rosedale Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 1-26 1937

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

20. FILED 1937 JF Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1937, to January 22, 1937
I last saw her alive on January 22, 1937. Death is said to have occurred on the date stated above, at 11:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/16/37
108	

Other contributory causes of importance:

Chronic Myocarditis	10/5/35

Name of operation No Date of
What test confirmed diagnosis? Xray-Lab 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? No
If so, specify
(Signed) P. D. Henzel, M. D.
(Address) 462 No Taylor

Dr Wenzel
462 N Taylor
1230 to 2