

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.

MAR 5-1937

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

Do not use this space.

791
1003

File No. 8184
Registered No. 1633

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Anthony Hospital) St. Ward)

2. FULL NAME William J. Maher

(a) Residence, No. 3926 Oregon Ave. St. 24 Ward. (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 (*writes the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Maher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4th, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 27

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

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) East St. Louis (STATE OR COUNTRY) Illinois

13. NAME Terrance Maher

14. BIRTHPLACE (CITY OR TOWN) County Cork (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Anna Maher (ADDRESS) 3926 Oregon Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 6th, 1937

19. UNDERTAKER Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED FEB 5 - 1937 J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Feb 3, 1937

I last saw him alive on Feb 3, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Chronic myocarditis unknown Date of onset

Other contributory causes of importance: arterio-sclerosis - unknown

Name of operation none Date of

What test confirmed diagnosis? course 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) Wacker-Helderle, M. D. (Address) 3318 S. Grand

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