

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis (No. 900)Registration District No. 791
Primary Registration District No. 1003
Deaconess HospitalFile No. 8302
Registered No. 1753
St. Ward2. FULL NAME Mary Mc.Dermott(a) Residence, No. 6200 Mc. Pherson St. 5 Ward.
(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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James J. Mc.Dermott6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 18687. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 7 14OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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 Patrick O'Brien14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IrelandMOTHER
15. MAIDEN NAME Mary O'Neal16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Mrs. Eileen Wise 6200 Mc. Pherson18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 10, 193719. UNDERTAKER (ADDRESS) CULLINANE BROS 1710 N GRAND BLVD20. FILED FEB 9 - 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1937, to Feb 6, 1937. Last saw her alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 4.50a m.

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

Pyonephrosis Kidney
non-purulent Date of onset Jan 1936Other contributory causes of importance: Arteriosclerosis 1932Name of operation 1330 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 P. B. Barnes M.D. M. D.(Address) 6312 Washington University City

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.

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