APR 9 1937

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
File No. 9874
Registered No. 2430

1. PLACE OF DEATH
County
Township
City St. Louis (No. St. Anthony's Hospital St. Ward)

2. FULL NAME Mary A. O'Leary
(a) Residence, No. 3910a Flad St., 17 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.

No Physician in Attendance

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick J. O'Leary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1860

7. AGE 2.33

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	10	7	

OCCUPATION
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) Leavenworth, Kansas.

FATHER
13. NAME John Halpin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary Devitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Bernard T. O'Leary
(ADDRESS) 3910a Flad

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 3/3/37 19

19. UNDERTAKER Thomas J. Finney
(ADDRESS) 1519 S. Grand Blvd.

20. FILED MAR 1 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left hip, suffered in fall at home, on Feb. 9, 1937, about 8 A.M.	
Other contributory causes of importance: General Arteriosclerosis.	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/9, 19 37
Where did injury occur? at home, 3910a Flad Av
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home,
Manner of injury Stumbled while walking and fell
Nature of injury Fracture of left hip.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred Sterry, M.D.
(Address) Deputy Coroner

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

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