

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.

MAY 7 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..... of St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. 2644 Ann Avenue)

File No. 14460
Registered No. 3956
St. Ward)

2. FULL NAME

Maureen Drury Hursey

(a) Residence, No. 2644 Ann Avenue St. 23 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME John Wm. Hursey

14. BIRTHPLACE (CITY OR TOWN) Renault (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Geraldine McNeely

16. BIRTHPLACE (CITY OR TOWN) Bonne Terre (STATE OR COUNTRY) Missouri

17. INFORMANT John Wm. Hursey (ADDRESS) 2644 Ann Avenue

18. BURIAL, CREMATION OR REMOVAL in New St. PLACE Marcus Cem. DATE April 15, 1937

19. UNDERTAKER A. H. McLaughlin (ADDRESS) 2301 Lafayette Avenue

20. FILED APR 14 1937 J. B. Bredeek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5th, 1937, to April 13th, 1937
I last saw her alive on April 13th, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

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

Acute Myocarditis
Other contributory causes of importance Chronic Nephritis since birth | 31
Date of onset April

Name of operation..... Date of.....
What test confirmed diagnosis Clinical 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..... 2

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) A. H. McLaughlin M.D.
(Address).....

