

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

Do not use this space.

AUG 30 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. 28421
 Township Jefferson Primary Registration District No. 6248-H Registered No. 149
 City Richmond Heights (No. St. Marys Hospital) St. _____ Ward _____

2. FULL NAME

Margaret Molloy
 (a) Residence, No. 1116 Sutter Ave. St. _____ 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) Sept 1, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 10 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurses

10. Date deceased last worked at this occupation (month and year) 4/29/37 11. Total time (years) spent in this occupation. 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME John K. Molloy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Catherine Holly

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

17. INFORMANT (ADDRESS) John Molloy 3602 N. Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 7-9 1937

19. UNDERTAKER (ADDRESS) Cullen & Kelly 1416 N. Taylor Ave

20. FILED July 7, 1937 Sam A. Bassett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937 to July 6, 1937
 I last saw him alive on July 3, 1937 Death is said to have occurred on the date stated above, at 3 P.M.

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

Coronary Artery Disease
Signs of Coronary Artery Disease
 Date of onset _____

Other contributory causes of importance: 46
None known

Name of operation Colpomy
 What test confirmed diagnosis? Clinical Pathology Was there an autopsy? Yes

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) James P. Wade M. D.
 (Address) 100 E. The Plaza Bldg

James P. Wade, M.D.

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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