

SEP 10 1937

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

Do not use this space.

29075

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City *St. Louis Mo.* No. *St. John Hospital* St. .... Ward. ....  
Registered No. **7708**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *2258 Forsyth St.* Ward. *Clayton Mo.*  
(Usual place of abode) *NP* (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 *Widowed* (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 1st 1860*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
*27 - 15*

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) *Iowa*

13. NAME *John Meagher*

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

15. MAIDEN NAME *Mary Starr*

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

17. INFORMANT (ADDRESS) *Wm. E. Brown 2258 Forsyth St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Monett Mo* DATE *Aug 17 1937*

19. UNDERTAKER (ADDRESS) *L. Miller and Co. 5165 Delmore Way*

20. FILED **AUG 16 1937** *J. Beebeek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 16 1937*

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him..... alive on..... 19..... Death is said to have occurred on the date stated above, at *10:00* m.

The principal cause of death and related causes of importance were as follows:  
*Chronic myocarditis* Date of onset  
*Fracture of left hip, due to*  
*fall to floor at her home*  
*2258 Forsyth Blvd. Aug 12*  
*1937 About 5:00 AM*

Other contributory causes of importance:  
*1860*

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 *8/12, 1937*  
Where did injury occur? *At Lam Mo*  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Fall to floor*  
Nature of injury *Fracture left hip*

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify.....

(Signed) *Alfred J. Perry* 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.

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