

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

Do not use this space.

32985

1. PLACE OF DEATH

County Firmin Desloge Hospital

Registration District No. 791

Township St. Louis, Mo.

Primary Registration District No. 1008

City St. Louis, Mo.

Firmin Desloge Hospital

File No. 9039

Registered No. 9039

St. 26 Ward

2. FULL NAME Infant of John & Marie McHale

(a) Residence, No. 1419a St. Louis Ave.

(Usual place of abode)

26 Ward.

(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)

infant

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

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

Sept. 27, 1937

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

stillborn

OCCUPATION

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

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)

St. Louis, Mo.

FATHER

13. NAME

John Thomas McHale

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

St. Louis, Mo.

MOTHER

15. MAIDEN NAME

Marie Veronica Polak

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

St. Louis, Mo.

17. INFORMANT (ADDRESS)

Marie Veronica McHale (mother)
1419a St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary Cem.

DATE Sept. 28th 1937

19. UNDERTAKER (ADDRESS)

Hy-Richard Muth Co.
1417 N. Market Street

20. FILED

SEP 28 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 27, 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 1132 A.

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

pregnancy

Date of onset

Other contributory causes of importance:

Post-maturity

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?..... 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

(Signed)

John J. Brady

M. D.

(Address)

1325 S. Grand

