

REC'D JUN 12 1938

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

1. PLACE OF DEATH

County

Township

City St Louis (No. 3408 Marcus Ave)Registration District No. 791Primary Registration District No. 1008(No. 3408 Marcus Ave)File No. 19953Registered No. 5092

St. Ward)

2. FULL NAME Maria McDonough(a) Residence, No. 3408 Marcus Ave St. 10 Ward. 235

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. (If nonresident, give city or town and State)

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 OFthe late John McDonough**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**About March 12th 1854**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.About84220**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)**Ireland**13. NAME**Richard Gavin**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Ireland**15. MAIDEN NAME** Margaret Burke**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Ireland**17. INFORMANT (ADDRESS)**Mrs M J McDonagh
3408 Marcus Ave**18. BURIAL, CREMATION, OR REMOVAL**PLACE CalvaryDATE June 4th 1938**19. UNDERTAKER (ADDRESS)**Stroot - Carroll
4600 Natural Bridge Ave**20. FILED**JUN 3 1938J. B. Rudek
Registrar**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 1st 1938**22. I HEREBY CERTIFY**, that I attended deceased from June 1st 1938 to June 1st 1938, 1938(last saw him alive on May 31st 1938, 1938. Death is said to have occurred on the date stated above, at 12.30a

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

Chronic myocardial with arterio-sclerosis Date of onset

Other contributory causes of importance:

Name of operation

Date of 2-20

What test confirmed diagnosis?

Was there an autopsy? 2-20**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) J. B. Rudek M. D.(Address) 220 W. ...

J. H. Wood
License # 2265