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.

REC'D SEP 12 1938

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

791

27351 Do not use this space.

Registration District No. 1098

Primary Registration District No.

Registered No. 7365

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis Mo. (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 47 yrs. 3 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Kay

(a) Residence, No. Bereau for Homeless Women St. 25
(Usual place of abode, if no street address, write county or city) (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25. 1891

7. AGE: Years 47 | Months 1 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Edward Maher 5

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland 5

MOTHER

15. MAIDEN NAME Catherine Maguire

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

17. INFORMANT Herbert P. Smith M. D. (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Aug 19-1938

19. FUNERAL DIRECTOR (NAME) J. H. Gebken & Co. (ADDRESS) 7847 Meramec St.

20. FILED AUG 19 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22/1934, 19, to Aug. 16/938, 19

I last saw her alive on Ag. 16/38, 19. Death is said to have occurred on the date stated above, at 3.45 P. M.

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

	Date of onset
Chronic Myocarditis 1934-x	
Other contributory causes of importance:	
Epilepsy with Psycosis 1934-x	

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) Herbert P. Smith M. D.

(Address) 5400 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

..... or by .....

Registered Apprentice No....., working under my personal supervision.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.