

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

33896
Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **2103 Maury Ave.** 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary T. McSkimming**

(a) Residence, No. **2103 Maury Ave.** St. **17** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **George F. McSkimming**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 2, 1864**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**

9. Industry or business in which work was done, as 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) **N.Y. /**

FATHER

13. NAME **Laurence McCann /**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N.Y. /**

MOTHER

15. MAIDEN NAME **Julia Small**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N.Y.**

17. INFORMANT (ADDRESS) **Mr. GEORGE McSKIMMING
2103 MAURY AVE.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **10-12-38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly
3840 Lindell Blvd.**

20. FILED **OCT 11 1938** **J. J. Brudek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 10, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July**, 1938, to **October 10**, 1938
I last saw her alive on **October 10**, 1938. Death is said to have occurred on the date stated above, at **2 pm.**
The principal cause of death and related causes of importance were as follows:

§ 1 a

Respiratory paralysis

Date of onset **Oct 9. 38**

Other contributory causes of importance:
**Central degeneration Spinal cord
Chorea for days Cause unknown
Progressive Spinal Paralysis**

Name of operation **None** 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? **No**
If so, specify _____
(Signed) **John L. Dravitt**, M. D.
(Address) **940 Mrs. Bldg. 6340 Grand Bl.**
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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.

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.

Signed.....

W H Van Matre

Licensed Embalmer No.....

2825

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.