

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.

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

Do not use this space.

23305

1. PLACE OF DEATH St. Vincent's Sanitarium

County St. Louis County

Registration District No. 784

Township NORMANDY

Primary Registration District No. 200

City St. Louis Missouri

(No. 2 St. Vincent's Sant.)

File No. _____

Registered No. 1015

2. FULL NAME Mrs. Margaret McKay

(a) Residence, No. 2940 West Monroe St. Chicago, Ill Ward. CHICAGO, ILL.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred I yrs. 9 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 OF unk

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

7. AGE YEARS 75 MONTHS 75 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Chicago (STATE OR COUNTRY) Illinois

13. NAME unk

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

15. MAIDEN NAME unk

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

17. INFORMANT Sister Margaret (ADDRESS) St. Vincents Sanitarium

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill. DATE June 5, 1939

19. UNDERTAKER Cullen & Kelly (ADDRESS) 1416 N Taylor Ave.

20. FILED JUN 5 - 1939 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1938, to 6-4, 1939

I last saw her alive on 6-4, 1939. Death is said to have occurred on the date stated above, at 6:47 p.m.

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

Senility Date of onset _____

Other contributory causes of importance:
Generalized arteriosclerosis
with myocardial changes 1914

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? No

If so, specify _____

(Signed) David Basham, M. D.
(Address) St. Vincents Sanitarium
St. Louis, Mo

This Body Embalmed by

Clement McNeary
No. No. 3732
St. Louis