DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37751

Registration District No. _____ Primary Registration District No. _____ 791 Registrar's No. 9590

1. PLACE OF DEATH:
(a) County St. Louis. 1
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution November 1, 1934. (Specify whether
In this community 40 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis Mo. -13-
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Foreign. years.

3. (a) PRINT FULL NAME Anna McTye. 230
3. (b) If veteran, name war NONE
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Martin Welsh
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased December (Month) 12, (Day) 1874 (Year)

8. AGE: Years 64 Months 10 Days ~~8~~ 23 If less than one day ____ hr. ____ min.
9. Birthplace Ireland. (City, town, or county) Ireland. (State or foreign country) 5
10. Usual occupation Housework 5
11. Industry or business
FATHER
12. Name Michael McTye. 5
13. Birthplace Ireland. (City, town, or county) Ireland. (State or foreign country)
MOTHER
14. Maiden name Honora ?
15. Birthplace Ireland. (City, town, or county) Ireland (State or foreign country)
16. (a) Informant's own signature C. Molony
(b) Address 5800 Arsenal St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 (Month) 10 (Day) 39 (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave.
19. (a) NOV 10 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4, year 1939 hour 10:15 a minute ____ M.
21. I hereby certify that I attended the deceased from November 1, 1934, to November 4, 1939; that I last saw her alive on November 4, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Degenerative Heart Disease	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Geo. A. Bozalis (M. D. or other) mo.
Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.
Rev. 5-17-39 1 X19511

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 Myself, ~~Registered Apprentice No.~~ ____, working under my personal supervision.

Signed Ray C. Campbell

Licensed Embalmer No. 3881 City #179

P. O. Address St. Louis, Mo.

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.