

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

Do not use this space.

10188

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo

(No. St. Mary Infirmary)

File No.....

Registered No. 2774

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Whalen

(MARY WHALEN)

(a) Residence. No. 17 1/2 3rd St., 25 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 56

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Trenton N.J.  
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Whalen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

14. INFORMANT Minnie Stein  
(Address) 217 1/2 Main St.

15. FILED 21 1927 Max B. Starkeoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-20-27 1927

17. I HEREBY CERTIFY, That I attended deceased from 2-20-27, 1927, to 3-20-27, 1927, that I last saw her alive on 3-20-27, 1927, and that death occurred, on the date stated above, at 1:00 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of rectum  
4 1/2 yrs. 2 mos. 18 1/2 ds. (duration)  
4 1/2 yrs. 2 mos. 18 1/2 ds. (duration)  
CONTRIBUTORY (SECONDARY) Carcinoma of liver  
secondary (duration) 2 mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Engene H. Myers, M. D.

3-20, 1927 (Address) 1536 Palmyra

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Mar. 22 1927

20. UNDERTAKER Petz Bros 3029 Lafayette av ADDRESS

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.

