

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

Do not use this space.

19001

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... **St. Louis** (No. **4373**, **Chouteau**) St. **5414** (Ward)

2. FULL NAME

Mary Rochester
 (a) Residence. No. **4373 Chouteau** St. **18** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF **Samuel Rochester**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 11 - 1846**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 11 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **New York**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Gregory Egan**

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

12. MAIDEN NAME OF MOTHER **Mary Dwyer**

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

14. INFORMANT **Peter Egan**
 (Address) **4373 Chouteau**

15. FILED **4 11 1928** **Max C. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5-17-**

17. I HEREBY CERTIFY, That I attended deceased from **April 10**, 19**26** to **May 17**, 19**28**, that I last saw **her** alive on **May 17**, 19**28**, and that death occurred, on the date stated above, at **7 9** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis, ch.
acute cardiac failure

CONTRIBUTORY (SECONDARY) **Valvular disease, ch. Cardiac myocarditis, ch.**
 (duration) **2 yrs. 1 mos.**

18. WHERE WAS DISEASE CONTRACTED **at home**
 NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Examination**
 (Signed) **Frank J. Staley**, M. D.
5-17, 1928 (Address) **400, Washington**

*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 Cemetery** DATE OF BURIAL **May 19 1928**

20. UNDERTAKER **Callahan Bros** ADDRESS **1720 N. Grand**

Dr. Daley