

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

Do not use this space.

11992

**1. PLACE OF DEATH**

County St. Louis Registration District No. 701  
 Township 1003 Primary Registration District No. 1003  
 City St. Louis (No. 7328 No Broadway) File No. 3242  
 Registered No. 3242 St. 8 Ward 8

**2. FULL NAME**

(a) Residence. No. 7328 No Broadway St., 8 Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27-1880

7. AGE YEARS MONTHS DAYS If less than 1 day, hrs. or min. 51 14

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At home 235 (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

10. NAME OF FATHER Martin Connelly

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

12. MAIDEN NAME OF MOTHER Mary Fox

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

14. INFORMANT Mrs J Fitzgerald (Address) 7328 No Broadway  
Max O. Barker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/13 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to March 13, 1931 that I last saw her alive on March 12-31, 1931 and that death occurred, on the date stated above, at 6:45 a.m.

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

Cerebral Hemorrhage  
82A  
97 (duration) yrs. mos. ds. 1

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 82A IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF -

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) J. W. McDonald M. D.  
3-15 1931 (Address) 839 Grand  
J. W. McDonald

\*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 DePue County DATE OF BURIAL 3/16/31

20. UNDERTAKER Krook & Carroll ADDRESS 1600 Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

