

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.

JAN 26 1934

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

Do not use this space.

42151

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **11235**, **St. Anthony's Hosp.**) St. **11223** Ward)

2. FULL NAME

Mary Cogan
(a) Residence, No. **712 1/2 Virginia Ave.** 1 Ward.
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Cogan**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 6 - 1877**
7. AGE YEARS **56** MONTHS **9** DAYS **21** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**
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) **Iron Mountain** (STATE OR COUNTRY) **Mo.**

13. NAME **Jeremiah O'Rourke**

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

15. MAIDEN NAME **Mary Foley**

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

17. INFORMANT **Mrs Mary Cogan** (ADDRESS) **712 1/2 Virginia Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt Hope Cemetery** DATE **Dec - 30** 19**33**

19. UNDERTAKER **Cullinan Bros.** (ADDRESS) **1710 N. Grand Blvd**

20. FILED **DEC 29 1933** **J. H. Bredeck** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 27** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 23** 19**33**, to **Dec. 27** 19**33**

I last saw her alive on **Dec. 27** 19**33** Death is said to have occurred on the date stated above, at **5²** m.

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

diffuse peritonitis following a ruptured appendix
121A
121B
129
Other contributory causes of importance: **121A**

Name of operation **Appendectomy + drainage** Date of **12-28-33**
What test confirmed diagnosis? **specimen** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **None** 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?

If so, specify (Signed) **S. H. Bayne** M. D.
(Address) **So. 5th St. St. Louis**

