WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

MAR 25 1936

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

Do not use this space.

8737

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 6248A — Registered No. 44.

City Richmond Hights. Mo. — St. Marys Hospital — St. — Ward)

2. FULL NAME Mary Ann Thro.

(a) Residence, No. III7a Cockrell Ave., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Femail
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) Dec. 29, 1935.

7. AGE — YEARS: 0 — MONTHS: I — DAYS: I3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Frances A. Thro.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Adele LaCour
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Frances A. Thro.
(ADDRESS) III7a Cockrell Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Feb. I2/36.

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) II25 Hodiamont Ave.,

20. FILED 2/12 1935 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. II/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3/36., 19, to Feb. II/36., 19

I last saw her alive on Feb. II/36., 19 Death is said to have occurred on the date stated above, at 2.30 P.M.

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

Atelectasis — Date of onset 2/3/36

Other contributory causes of importance

161a

Name of operation ✓ Date of

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ 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) G. W. McShane M.D., M. D.

(Address) 6125 Bartmer St. Louis Mo

Dr. Q. W. Mc Shane,
6125a Batrmer Ave.,

Porter
1902 Woodland