

APR 25 1936

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

Do not use this space.

13577

## 1. PLACE OF DEATH

County St. Louis Registration District No. 1170  
Township Richmond Heights Primary Registration District No. 6248H  
City Richmond Heights (No. 77) Marys Hosp. St. 71 Ward

## 2. FULL NAME

Mary Geris Braderick

(a) Residence, No. 1101 So. 13th St., Ward.

Length of residence in city or town where death occurred 8 yrs. 6 mos. 11 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1935

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) St. Louis Missouri

13. NAME Woodrow Braderick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurens Kansas

15. MAIDEN NAME Ruby Holbrook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Woodrow Braderick (ADDRESS) 1101 So. 13th

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE March 11, 1936

19. UNDERTAKER A.W. McLaughlin (ADDRESS) 3391

20. FILED 3/10 1936 Vertebrate Porter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/28/36, 1936 to 3/9/36, 1936

I last saw her alive on 3/9/36, 1936 Death is said

to have occurred on the date stated above, at 10:00 Am.

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

Date of onset

Gastro-Enteritis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. J. DeVecchio M. D.

(Address) 56. Marys Hospital

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.

