

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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City **St Louis** (No. **5523**, **Robin Ave**) St. Ward)

18423

File No.
 Registered No. **4999**
 St. Ward)

2. FULL NAME **Mary Ellen Stretch**

(a) Residence, No. **5523 Robin Av.** St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. **7** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 16**, 19**37**

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

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15**, 19**37**, to **May 16**, 19**37**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 29-1910**

I last saw her alive on **May 16**, 19**37**. Death is said to have occurred on the date stated above, at **11:45** a.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
26	10	17		

Tubercular meningitis Date of onset **April 20 1937**

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

Complicating pulmonary tuberculosis about **1929**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own home**

Other contributory causes of importance: **None**

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**

13. NAME **John Stretch**

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

15. MAIDEN NAME **Mary O'Connell**

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

17. INFORMANT (ADDRESS) **John Stretch 5523 Robin Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 19th 1937**

19. UNDERTAKER (ADDRESS) **Promerberg Und. Co 4740 26th St. St. Louis**

20. FILED **MAY 17 1937** **J. Bredeck** Registrar.

Name of operation **none** Date of
 What test confirmed diagnosis? **microscopic** Where an autopsy? **no**

23. If death was due to external cause (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? **no**
 Also, specify.....

(Signed) **Roland R. McQuinn**, M. D.

(Address) **5330 Geraldine**

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