

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

Do not use this space.

JUL 8 - 1937

**791
1003**

22380

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City **St. Louis** (No. **City Hospital No.1**)
 File No. Registered No. **6132**
 St. Ward)

C. 3333

2. FULL NAME

Mary Neely

(a) Residence, No. **3956 Lincoln** St., **11** 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. 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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 **5** **22**

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

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 (Steelville)

13. NAME Patrick Brady

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

15. MAIDEN NAME Sarah Casey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.,

17. INFORMANT Hosp. Info. M. Kent
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Valhalla** DATE **June 25** 19**37**

19. UNDERTAKER John J. A. Barrett
 (ADDRESS) **4452 Washington Bl'yd**

20. FILE JUN 24 1937 **J. J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/22/37 19

22. I HEREBY CERTIFY, That I attended deceased from 6/7/37 **6/22/37**

I last saw her alive on 6/22/37 19 Death is said

to have occurred on the date stated above, at **p** m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of caecum
HOC
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) **W. A. Berchtold** M. D.
 (Address) **City Hospital No.1**

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.

WHITE FORM, WITH UNFADING INK—THIS IS A PERMANENT RECORD

115-899-102

