

AUG - 5 1937

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

Do not use this space.

25521

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City St. Louis

(No. St. John's Hospital)

File No. 6695

Registered No. 6695

St. Ward)

2. FULL NAME Genevieve O'Grady

(a) Residence, No. 4525 Page 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	8	25		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Joseph O'Grady

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

15. MAIDEN NAME Marie Louise McDermott

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

17. INFORMANT Francis T. O'Grady (ADDRESS) 5104 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE July 13 1937

19. UNDERTAKER Lawrence M. Millen (ADDRESS) 5165 Dalmar Blvd?

20. FILED 1937 J. M. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-6-1935, to 7-10-1937

I last saw h. alive on 7-9-1937. Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Decomposition of right leg - metastasis to the lungs

1935

1936

1937

Other contributory causes of importance: *prolonged - severe - debility - emaciation*

Name of operation *total amputation* Date of *8-29-35*What test confirmed diagnosis? *biopsy* Was there an autopsy? *Yes*

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? *No*

If so, specify

(Signed) *Dr. J. M. Brudeck*, M. D.(Address) *6651 E. Wright*

JUL 12 1937

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.

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