DEC 14 1939 JAN 8 1940

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

Do not use this space.

44698

1. PLACE OF DEATH
County ST. LOUIS 2 1 Registration District No. 784
Township Primary Registration District No. 101
City ~~Clayton~~ University City (No. ..... St. ..... Ward)
File No.
Registered No. 2202

2. FULL NAME MRS. MARGET MULLALLY
(a) Residence, No. 7300 PERSING 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. 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 PIERCE MULLALLY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-1874
7. AGE YEARS 65 MONTHS 4 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) ST. LOUIS MO.

FATHER
13. NAME RICHARD BURKE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND TIPPERARY

MOTHER
15. MAIDEN NAME MARGARET RYAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) Pierce J. Mullally 7300 Pershing
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE CALVARY DATE DEC 16 1939
19. UNDERTAKER (ADDRESS) CULLINANE BROS. 1710 N. GRAND
20. FILED DEC 14 1939 D. R. Meyer M. D. Registrar. A. K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1936, to July 3, 1937
I last saw her alive on July 3, 1937. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis - Before	1-11-37
Hypertensive cardiovascular "	1-11-37
Acute cardiac failure probably myocardial rather than vascular	12-14-39

Other contributory causes of importance:
Obesity 93c

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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.
Coroner O'Connell notified full details - 12-14-39
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Fred W. Clark, M.D., M. D.
(Address) 864 Hamilton Blvd St. Louis, Mo.

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.