

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

Do not use this space.

34720

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. St. Johns Hospital)

File No.

Registered No. 9843

2. FULL NAME

(a) Residence. No. 5-874 Plymouth St. 5 Ward.

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown - 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<u>ad. 53</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Broken glass
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....
 (STATE OR COUNTRY) St. Louis

10. NAME OF FATHER Matthew Hanlon

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Ireland

14. INFORMANT Miss Marie Hanlon
 (Address) 5874 Plymouth St

15. NOV - 4 1927 FILED Nov 6 Starkloff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/3 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1927, to Nov 3, 1927, that I last saw him alive on 11 - 2, 1927, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Cardio Vasculer renal disease
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
 IF NOW AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

20. WAS THERE AUTOPSY? no

21. WHAT BEST CONFIRMED DIAGNOSIS.....
 (Signed) R. H. Land M. D.

11-3-1927 (Address) 3901 Park Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Cabany 11-5 1927

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

PERMANENT RECORD

