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.

35583

File No. 10773

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 5161 Minerva St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John T O'Rourke

(a) Residence. No. St., 12 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth O'Rourke

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 5th 1859

7. AGE: Years 68 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Brass Molder

(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

PARENTS

10. NAME OF FATHER: John T O'Rourke

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

12. MAIDEN NAME OF MOTHER: Ann Cleary

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

14. INFORMANT: Mrs Elizabeth O Rourke
(Address) 5161 Minerva

15. FILED DEC -1 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 30 1927

17. I HEREBY CERTIFY, That I attended deceased from September 6, 1927, to November 30, 1927 that I last saw him alive on November 30, 1927, and that death occurred, on the date stated above, at 9 25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis 426

(duration) yrs. 3 mos. + ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms and Clinical findings

(Signed) A. P. Munsch M. D

Dec. 1st, 1927 (Address) 3061 Humboldt Bldg

*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: Calvary

DATE OF BURIAL: 12-3 1927

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash st

Humboldt Bea

11=1