

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

Do not use this spare.

28459

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

File No. 28459

Township Richmond Heights

Primary Registration District No. 6248 H

Registered No. 177

City Richmond Heights St. Marys Hospital

St. St. Louis Ward)

2. FULL NAME

Frank L. Donoran

(a) Residence. No. 7148 Pershing St. Ward. St. Louis 10
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Mary Donoran

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

Feb 28 1874

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 5 3 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Asst. Treasurer
(b) General nature of industry, business, or establishment in which employed (or employer) Security Ins. Co.
(c) Name of employer

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

Mo

10. NAME OF FATHER

Joseph T. Donoran

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

Mo

12. MAIDEN NAME OF MOTHER

Lucy Mahoney

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

Ireland

14.

INFORMANT Mr. Mary Margaret Donoran
(Address) 7148 Pershing St.

15.

FILED 8/2 1928 C. S. Johnson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1928 to Aug 1 1928 that I last saw him alive on Aug 10 P.M. 1928, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Oesophagus
4 1/2 yrs

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH. Yes DATE OF July 29-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Impaction growth

(Signed) J. J. Hunter, M. D.
, 19 (Address) 816 Buix Club 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

Cabany

DATE OF BURIAL

8-3 1928

20. UNDERTAKER

Arthur J. Donnelly 2039 North 24

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.

No 1 answer

University Club Po

2-4

Handwritten notes or scribbles, possibly including the word "University" and other illegible text.

Handwritten mark or signature at the bottom right.