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.

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

Do not use this space.

35016

4. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9990

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

2. FULL NAME James J Donlon

(a) Residence. No. 2413 Bacon 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: 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: Margaret Donlon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 16th 1882

7. AGE: Years 46, Months 4, Days 23. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Motorman 75 A
(b) General nature of industry, business, or establishment in which employed (or employer): 78 K
(c) Name of employer: St Louis Public Service

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

PARENTS

10. NAME OF FATHER: Martin Donlon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Margaret Cavanaugh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs Margaret Donlon (Address) 2413 Bacon St

15. FILED OCT 11 1923, 19 May C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/9 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-8, 1928, to 10-9, 1928 that I last saw him alive on 10-9, 1928, and that death occurred, on the date stated above, at 7 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis following Delirium Tremens due to Chronic Alcoholism
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 6600
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF ?

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robt Hyland, M. D

10-10, 1928 (Address) 3901 Parkan

*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: 10-12 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

Dr Hyland
3901 Park