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

Do not use this space. 7905

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 81

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Patrick, Thomas (Thomas Patrick)

(a) Residence. No. 418 Lucas St., ... Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 0 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	7	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

237

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

2

PARENTS

10. NAME OF FATHER Unknown

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

31

12. MAIDEN NAME OF MOTHER Unknown

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

31

14. INFORMANT Koch Hospital Records (Address) Koch Mo.

15. FILED Feb. 18 1929 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1926, to Feb. 18 1929, that I last saw him alive on Feb. 18 1929, 19..., and that death occurred, on the date stated above, at 6*02 A.M. m.

P THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Lung

47B

13A

49

About (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Amebic Dysentery & Chronic Pulmonary Tuberculosis (Old) (duration) 5 yrs. ..... mos. ..... ds. Healed)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

O DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) A. L. Gallant, M. D

2/18/29 (Address)

*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 St Matthews — DATE OF BURIAL Feby 19 1929

20. UNDERTAKER Provost Mo — ADDRESS 3710 N Grand

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.

MAR 27 1929

PERMANENT RECORD