

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

Do not use this space.

22622

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Richmond Heights, Mo.

Registration District No. 1170  
Primary Registration District No. 6248H

File No. \_\_\_\_\_  
Registered No. 182  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David Cloonan  
(a) Residence, No. 5122 Page Blvd. St. \_\_\_\_\_ Ward St. Louis MO  
(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 Bridget Cloonan

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Unknown 1860

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>60</u>	<u>unknown</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Brick layer  
(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) Ireland

**10. NAME OF FATHER** John Cloonan

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

**12. MAIDEN NAME OF MOTHER** Mary unknown

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

**14. INFORMANT** Bridget Cloonan  
(Address) 5122 Page Blvd

**15. FILED** 4/22 19 29 Lo. J. J. J. J. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 21 1929

**17. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental Traumatism  
from fall - 42 feet from  
building scaffold. yrs. mos. da.  
**CONTRIBUTORY (SECONDARY)** Fractured Skull.  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH May Institute, Warren, Pa.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF \_\_\_\_\_ St. Louis, Mo.

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) John O'Connell 19\_\_\_\_

(Address) Former of St. Louis, Mo.

\*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 Cemetery **DATE OF BURIAL** 6/24 1929

**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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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