

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

Do not use this space.

34988

**1. PLACE OF DEATH**

County St. Louis  
 Township Carondelet  
 City Koch

Registration District No. 1722  
 Primary Registration District No. B. 243 B.  
 (No. Mo. W. Koch Dept.)

File No. \_\_\_\_\_  
 Registered No. 363  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME** PATRICK McMANAMON

(a) Residence. No. 3706 Delmar ave. 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 1 yrs. 5 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 1, 1881</u>			
7. AGE YEARS <u>47</u>	MONTHS <u>10</u>	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Elevator Operator</u> (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

PARENTS	10. NAME OF FATHER <u>John McManamon</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Winifred Walsh</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Records of Robt. Koch Hospital  
 (Address) Koch, Mo.

15. FILED Oct. 19 1929 L. C. O'Brook  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17, 1929  
 17. I HEREBY CERTIFY, That I attended deceased from April 25, 1928, to Oct. 17, 1929, that I last saw him alive on Oct. 17, 1929, and that death occurred, on the date stated above, at 10:00 A. M.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
110 (duration) yrs. mos. ds.  
 CONTRIBUTORY Empyema (Thoracic)  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH Not known  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) A. Glenn Davis, M. D.  
10-17-1929 (Address) Koch, 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 Library DATE OF BURIAL 10-21 1929  
 20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 North St.

WRITE PAINTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 11-1-29  
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