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.

3602

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 835

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

2. FULL NAME Thomas B. Dinan

(a) Residence. No. 5734 Lotus Ave. St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Dinan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	7	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundryman (Driver)
(b) General nature of industry, business, or establishment in which employed (or employer) 137
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson, (STATE OR COUNTRY) Tennessee 2

PARENTS

10. NAME OF FATHER Thomas Dinan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? (STATE OR COUNTRY) Don't know 31

12. MAIDEN NAME OF MOTHER Mary Fahey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Josephine Dinan (Address) 5734 Lotus Ave.

15. FILED 21 1931 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 20 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-28-23, 19..., to 1-20-31, 19..., that I last saw him alive on 1-19-31, 19..., and that death occurred, on the date stated above, at 3.20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of testicle "left" 1
with metastasis
51D
110B (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr pleurisy - bilateral (duration) 11 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1926.
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Sch.
(Signed) T. A. Kennedy, M.D.
1-20, 1931 (Address) 2305 S Grand

*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.

Dr. T. A. Kennedy

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cemetery	1-20 1931
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton ave.