

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

Do not use this space.

7747

**1. PLACE OF DEATH**

County..... Registration District No. *182*  
 Township..... Primary Registration District No. *1003*  
 City *St. Louis* (No. *St. Johns Hospital*) St. .... Ward)

File No. ....  
 Registered No. *2110*

**2. FULL NAME**

*James H. Lomasney*  
 (a) Residence. No. *3157 N. Vandeventer Ave* St. *10* 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 17-1877*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*53 4 28*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *Manager Bond Dept*  
 (b) General nature of industry, business, or establishment in which employed (or employer). *Mercentile - Commerce*  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*  
 (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Michael Lomasney*

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

12. MAIDEN NAME OF MOTHER *Margaret M. Cronin*

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

14. INFORMANT *Mrs Fannie Evers*  
 (Address) *3157 N. Vandeventer Ave*

15. FILED *16 1931* *Maxlo Starkeff* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 14<sup>th</sup> 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Feb 4*, 1931, to *Feb 14*, 1931, that I last saw *him* alive on *Feb 14*, 1931, and that death occurred, on the date stated above, at *10 P.* m.

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

*29*  
*Pneumonia (Bronchid) Type IV*  
 (duration) yrs. mos. ds. *11*

CONTRIBUTORY (SECONDARY) *117 W*  
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF  
 WAS THERE AN AUTOPSY? *No*  
 WHAT TEST CONFIRMED DIAGNOSIS? *Lab findings*  
 (Signed) *J. Marder*, M. D.

*Feb. 16, 1931* (Address) *2806 N. Grand Blvd.*  
 \*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 *2/17 1931*

20. UNDERTAKER *Arthur J. Donnelly and Co* 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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