

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

Do not use this space.

39763

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No.
Registered No. 11984
St. Ward)

2. FULL NAME

(a) Residence, No. 2501 Bacon St. Ward. 11

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER 13. NAME Michael McDonald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Dix

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hospital Information Dept. 3000 City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec 2 1931

19. UNDERTAKER (ADDRESS) Calligane Bros 1709 Bacon St.

20. FILED 1126-1130 W. E. Staver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 27th 1931 to Nov 30th 1931

I last saw him alive on Nov 30th 1931 Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
930 #103
Chr. Myocarditis
Other contributory causes of importance: 930

Name of operation Clinical Date of No
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ernest J. Simon M. D.
(Address) City Hospital

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.

CONFIDENTIAL - SECURITY INFORMATION

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph document, possibly a report or a letter, containing various lines of text and some indistinct markings.]

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