

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 435  
 Township ..... Primary Registration District No. 4700  
 City St. Louis (No. City Infirmary) St. 13 (Ward)

File No. 2527  
 Registered No. 219

**2. FULL NAME**

(a) Residence, No. City Infirmary St., 13 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 <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 <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 1852</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>0</u>
	DAYS <u>8</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stationary</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Engineer</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation. <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
FATHER	13. NAME <u>James O'Rowke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mary Garvey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Harold Holbrook</u> (ADDRESS) <u>5700 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>Jan 6</u> 19 <u>32</u>		
19. UNDERTAKER <u>J. J. Gettchen, S. &amp; U. Co.</u> (ADDRESS) <u>2425 Exchange Bldg.</u>		
20. FILED <u>Jan - 7 1932</u> <u>Max C. Starker</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2, 1932

22. I HEREBY CERTIFY, that I attended deceased from 10:30 p.m. to 11:00 a.m. at the home of  
 ..... 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 4:30 m.

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

Date of onset

Bronchopneumonia  
Laceration of throat (suicide)  
self-inflicted at City Infirmary  
 Other contributory causes of importance:  
while suffering temporary mental  
aberration  
suicide

Name of operation suicide Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury 12/11, 1931  
 Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Self-throat with razor  
 Nature of injury Laceration of throat

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) John M. Buckley M.D.  
 (Address) Deputy Coroner

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.

MARGIN RESERVED FOR BINDING

U.S. NO. 1.

