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

Do not use this space.

6346

File No. 1378
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis (No. De Paul Hospital St. Ward)

Registration District No. 701
Primary Registration District No.

2. FULL NAME John T. R. McGlurkin

(a) Residence, No. 5085 Wells St., 6 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	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 Elizabeth McGlurkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 13

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

FATHER

13. NAME Donnelly McGlurkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER

15. MAIDEN NAME Jane Stevenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT Elizabeth McGlurkin
(ADDRESS) 5085 Wells

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2-12 1932

19. UNDERTAKER Arthur J Donnelly and Co
(ADDRESS) 2089 Wash St

20. FILED FEB 11 1932 19 Wm C Stankevich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1932, to Feb 9 1932
I last saw him alive on Feb 5 1932. Death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	2 days
Urinary Extravasation	2 dy
51C	
51D	
51C	

Other contributory causes of importance:

Carcinoma of Prostate & Bladder	?
Primary seat unknown	

Operations: Drainage of abdominal cavity Feb 9
Name of operation Prostatectomy Date of Feb 5
What test confirmed diagnosis? Pathologist 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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. H. Thomas Lowry, M. D.
(Address) 484 Arcade Bldg St Louis Mo

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.

[illegible]

[illegible]

[illegible]