

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

Do not use this space.

20784

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1160
 10 Township Central Primary Registration District No. 470
 3 City University City (No. 7130, Cornell St. _____ Ward _____)

File No. _____
 Registered No. 52
 St. _____ Ward _____

2. FULL NAME Patricia Ann Halloran

(a) Residence, No. 7130 Cornell St. _____ Ward _____
 (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 <u>Female</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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7, 1931</u>		
7. AGE YEARS	MONTHS	DAYS
<u>—</u>	<u>11</u>	<u>0</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>Infant</u>	
	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) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>John Andrew Halloran</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
MOTHER	15. MAIDEN NAME <u>Frances Probst</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Athens Ill.</u>	
17. INFORMANT <u>J. A. Halloran</u> (ADDRESS) <u>7130 Cornell Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>New St. Peter + Paul</u> PLACE <u>St. Peter + Paul</u> DATE <u>6-9</u> 19 <u>32</u>		
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4228 So. Highway</u>		
20. FILED <u>June 8, 1932</u> <u>Lena V. Neill</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 7, 1932.
 I last saw him alive on June 6, 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of onset June 3/32
11/A
10/A
 Other contributory causes of importance:
Leukemia June 1/32

Name of operation no 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? _____ 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 V. P. Costello
 (Signed) J. P. Smith, M. D.
 (Address) St. Peter + Paul

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.

JUN 27 1932

