

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

Do not use this space.

33600

File No.
Registered No. **8865**

1. PLACE OF DEATH

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

11080

2. FULL NAME

(a) Residence, No. **3225 Montgomeryst** St., **Ward**

Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) **Unknown 1866**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
About 66				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer 27**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Odd jobs**

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 **Alexander Mc Donough**

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

MOTHER

15. MAIDEN NAME **Mary Dyer**

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

17. INFORMANT (ADDRESS) **Hospital information City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Oct 4 - 1932**

19. UNDERTAKER (ADDRESS) **J. H. Gebken & Co. 2342 Michigan**

20. FILED **OCT - 4 1932** **Max C. Starbuck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 3rd 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 29, 1932** to **Oct. 3rd, 1932**
I last saw him alive on **Oct. 3rd, 1932** Death is said to have occurred on the date stated above, at **3:20 a.m.**
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
Emphysema Senile
Date of onset

Other contributory causes of importance: **None**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? **No**
If so, specify
(Signed) **Max C. Starbuck**, M. D.
(Address) **City Hospital**

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

