

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

Do not use this space.

41646

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1002  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 10709  
St. .... Ward)

# 14973

**2. FULL NAME**

(a) Residence, No. 1221 W. 11th 25 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Patrick  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25-1861  
7. AGE YEARS 71 MONTHS 2 DAYS 7 IF LESS than 1' day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocery  
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) Poland  
13. NAME Andrew Patrick  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland  
15. MAIDEN NAME Victoria Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland  
17. INFORMANT (ADDRESS) Hospital information City Hospital  
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec 5th 32  
19. UNDERTAKER (ADDRESS) Aug. Brockland & Co. 1427 N. 9th St.  
20. FILED DEC - 3 1932 W. C. Starnes Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd 1932  
22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1932 to Dec 2nd 1932  
I last saw him alive on Dec 2nd 1932 Death is said to have occurred on the date stated above, at 7:00 P. M.  
The principal cause of death and related causes of importance were as follows:

95B Pulmonary Hemorrhage  
90B Anthracosis  
114A  
Other contributory causes of importance:  
Adhesive Pericarditis  
Cardiac Hypertrophy

Name of operation ..... Date of .....  
What test confirmed diagnosis? W. Path Was there an autopsy? Yes  
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) W. C. Starnes 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.

PERMANENT RECORD

