

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

Do not use this space.

41806

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township St. Louis Primary Registration District No. 10894
 City St. Louis (No. City Hospital #1) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3136 Easton St. 21 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 Male 4. COLOR OR RACE Wh 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) Mar. 25-1898

7. AGE YEARS 33 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service Co.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

13. NAME John Donnelly

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

15. MAIDEN NAME Mary Cannon

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

17. INFORMANT John Donnelly (ADDRESS) 5630 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Dec. 9 1937

19. UNDERTAKER Chas. S. Stuart (ADDRESS) 1225 Union Blvd

20. FILED DEC - 2 1937 May J. V. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 1937

22. I HEREBY CERTIFY, alliance that I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:30 m.

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

Polar Pneumonia
Acute Dilatation of
(Right) Heart
 Other contributory causes of importance:
1088
95B
108
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 No Injury
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) John Cannon M.D.
 (Address) Dep. Cannon

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.

