

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

Do not use this space.

17868

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1002  
City St. Louis (No. 975) Lasalle

File No. ....  
Registered No. 4059  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. .... St., 22 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26 - 1870</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>3</u>
	DAYS <u>9</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>Drayman</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
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	
	13. NAME <u>James Korane</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Bridget Briggins</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>Edmund Korane</u> <u>9137 Lasalle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walton</u> DATE <u>May 8 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wagon &amp; Shellhauser</u> <u>7147 Washington</u>		
20. FILED <u>MAY - 6 1933</u> <u>F. Wheeler</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 - 1933 to May 5 - 1933  
I last saw him alive on May 4 - 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cirrhosis of the Liver  
124B  
124B  
Other contributory causes of importance: Drugs

Name of operation ..... 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? NO  
If so, specify .....  
(Signed) C. F. Kleppel M. D.  
(Address) 905 Madison Ave.

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.

155-1-15

