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.

JAN 3 1934

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

Do not use this space.

38041

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9670

City St. Louis (No. 500 S. Kingshighway St. ..... Ward)

St. Louis Childrens Hosp.

2. FULL NAME ~~Donald~~ Donald Regan

(a) Residence, No. 5424 Botanical Ave. 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 29, 1933

7. AGE: YEARS —; MONTHS 7; DAYS 9; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.
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): St. Louis, Mo.

FATHER

13. NAME: Daniel Regan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Fern Gorman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): J. McIlvin, 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL: Calvary Cem. DATE Nov. 11, 1933

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.

20. FILED 10 33 19 J. F. Bradeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-8-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-6-33, 19..., to 11-8-33, 19...

I last saw him alive on 11-8-33, 19... Death is said to have occurred on the date stated above, at 11:05 P.m.

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

	Date of onset
Dysentery (Hiss-Russell)	oct. 1
Meningitis, B. Coli	oct. 1a
Septicemia, B. Coli	oct. 1a

Other contributory causes of importance:

otitis Media
Pyelitis

13

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture 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) E. L. Glasscock M. D.

(Address) St. Louis Children's Hospital