

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

Do not use this space.

41688

1. PLACE OF DEATH

County..... Registration District No. *01*
Township..... Primary Registration District No. *003*
City *St. Louis* (No. *1520*, *Papin St.*)

File No.....
Registered No. *10722*
St..... Ward.....

2. FULL NAME

(a) Residence, No. *James M. Donough* St., *27* 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 9th 1888*
7. AGE YEARS *45* MONTHS *6* DAYS *3* If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

13. NAME *Thomas M. Donough*

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

15. MAIDEN NAME *Bridget M. Dermott*

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

17. INFORMANT *James M. M. Donough* (ADDRESS) *1520 Papin St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabary* DATE *Dec 15* 19*33*

19. UNDERTAKER *Arthur J. Donnelly & Co.* (ADDRESS) *3849 Lafayette Ave.*

20. FILED *DEC 17 1933* *J. J. Bredeck* Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-12* 19*33*
22. I HEREBY CERTIFY, That I attended deceased from *Oct 10* 19*32* to *Dec 12* 19*33*
I last saw him alive on *Dec 11* 19*33* Death is said to have occurred on the date stated above, at *11:30 P.* m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset *45 E*
45 F
93 C
Other contributory causes of importance: *parenchymatous degeneration of heart primarily in papilla*

Name of operation *None* Date of.....
What test confirmed diagnosis? *Biopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *None* Date of injury....., 19.....
Where did injury occur? *None* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*
Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify *None*
(Signed) *D. M. J. Hermann*, M. D.
(Address) *27432 Grand*

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

JAN 26 1934

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15
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1000 Harwood

Grand St. Louis

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