

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. 791  
1003  
Primary Registration District No. Mon Pacific Hosp

File No. 10606  
Registered No. 2426  
St. 17 Ward

**2. FULL NAME**

Michael Lonchua (Danahue)  
(a) Residence, No. 3124 Park St. St. 17 Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 - 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Churn  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. P. R. 19  
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

13. NAME Michael Lonchua

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

15. MAIDEN NAME Do not know

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

17. INFORMANT Mrs. Connors  
(ADDRESS) 3124 Park Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE Nov 10 1934

19. UNDERTAKER Edw. G. Howard  
(ADDRESS) 4312 St. Louis ave

20. FILED J. Bredeck  
1934 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1934 to 2-7-34 1934

I last saw him alive on 2-6 1934 Death is said to have occurred on the date stated above, at 4:30 am

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

Chronic Myocarditis  
Emphysema  
Branchial Asthma  
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury, 1934

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?

If so, specify (Signed) William B. Adams, M. D.  
(Address) 755 S. 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.

APR 25 1934

15  
15  
15

