

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

Do not use this space.

MAY 25 1934

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1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. De Paul Hospital)

File No.....
 Registered No. 4317
 St..... Ward.....

2. FULL NAME

(a) Residence, No. 3909 Sherman Pl 10 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Patricia Moran</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12th 1892</u>		
7. AGE	YEARS	MONTHS
	<u>41</u>	<u>11</u>
		DAYS
		<u>15</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>at home</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

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

FATHER 13. NAME
John McDonald

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

MOTHER 15. MAIDEN NAME
Frances P. Brien

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

17. INFORMANT (ADDRESS)
Patricia Moran
3909 Sherman Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 30th 1934

19. UNDERTAKER (ADDRESS)
Anthony Donnelly
3540 Grand St

20. FILED 1934 9 10
J. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934 to Apr 27, 1934
 I last saw him alive on Apr 27, 1934 Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:

Eclampsia
 Date of onset
146
 Other contributory causes of importance:
Shock following delivery

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: No
 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. H. D. Don, M. D.
 (Address) 2418 N. Grand St

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.

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