

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

Do not use this space.

791
1003

21973

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis* (No.) *City Ward #1* St. Ward) *3708*

2. FULL NAME

(a) Residence, No. *H743 Eastern 6* Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 9-1877*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 27

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *110*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

13. NAME *Pat Doyle*

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

15. MAIDEN NAME *Kate*

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

17. INFORMANT (ADDRESS) *Ward #1 City Ward*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calyon* DATE *Jun 8 1934*

19. UNDERTAKER (ADDRESS) *5266 Eastern Ave*

20. FILED *8 1934* 19 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 6 1934*

22. I HEREBY CERTIFY THAT I attended deceased from *June 3 1934* to *June 6 1934*

I last saw him alive on *June 6 1934* Death is said

to have occurred on the date stated above, at *6:00* a.m.

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

Labar tremor Date of onset

Other contributory causes of importance:

Diagnosis: Myocardial Infarction

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) *J. Bredeck*, M. D.
(Address) *City Ward #1*

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.

