

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

Do not use this space.

APR 29 1935

11392

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

File No.....

Registered No.....

St..... Ward)

**2. FULL NAME**

(a) Residence No..... St..... Ward 11

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4-27-1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*74 11 4*

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

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) *Illinois*

13. NAME *John Duffy*

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

15. MAIDEN NAME *Margaret M. Conroy*

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

17. INFORMANT (ADDRESS) *Hosp Inf. Inst. St. Louis*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Memorial Park* DATE *Apr 2, 1935*

19. UNDERTAKER (ADDRESS) *Edith E. Ombuster 4234 Monongahela St. St. Louis*

20. FILED *2* 1935 19 *J. H. Bredbeck* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-31-1935*

22. I HEREBY CERTIFY, That I attended deceased from *11/13/34*, 19... to *3/31*, 1935  
I last saw him alive on *3/31*, 1935 Death is said to have occurred on the date stated above, at *8 P.* m.  
The principal cause of death and related causes of importance were as follows:

*Benign Hypertrophy of Prostate  
Chronic myocarditis*

Other contributory causes of importance:  
*Gravimetric Anemia  
Cardiac Decompression*

Name of operation *Prostatectomy* Date of.....  
What test confirmed diagnosis? *Cystology* Was there an autopsy? *no*

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) *H. H. Bredbeck*, M. D.  
(Address) *City Hosp.*

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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