

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.

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

Do not use this space.

JUL 12 1935

**791  
1003**

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis Mo (No. ....) Danston St. .... Ward)

File No. 21113  
Registered No. 5028

**2. FULL NAME**

Charles E Doran  
(a) Residence, No. 21285 Oregon St., 23 Ward. (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**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Walsh Doran  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 3 23

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Dry Good Store  
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) New York New York

MOTHER FATHER  
13. NAME George Doran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

15. MAIDEN NAME Catherine Kerahy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

17. INFORMANT Henry C. Allen  
(ADDRESS) 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Coburn Crem. DATE June 10, 1935

19. UNDERTAKER Edith E. Ambrose  
(ADDRESS) 4234 Memphis Ave.

20. FILED -8 1935 19 J. F. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to June 6, 1935  
I last saw him alive on June 6, 1935 Death is said to have occurred on the date stated above, at 11:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Hernia, incarcerated. Date of onset 6/5/35  
Post-operative Pulmonary Edema 6/6/35  
Other contributory causes of importance:  
Chronic Myocarditis 7/1/34  
+

Name of operation Herniotomy Date of 6/5/35  
What test confirmed diagnosis? clinical 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? .....  
If so, specify Henry C. Allen M. D.  
(Address) 5300 Arsenal

