

AUG 23 1935

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

Do not use this space.

27508

1. PLACE OF DEATH

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

Registration District No. 789
Primary Registration District No. 6033
(No. St. Vincent's Sanitarium)

File No.....
Registered No. 197
St. Ward)

2. FULL NAME Reverend Thomas McLoughlin

(a) Residence, No. St. Vincent's Sanitarium St. Welleston Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1857</u>		
7. AGE 77	YEARS 11	MONTHS —
		DAYS —
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
	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) Madison
(STATE OR COUNTRY) Indiana

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Sister Mary Irene, Sec'y.
(ADDRESS) St. Vincent's Sanitarium.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Albany Ind. DATE Aug. 1935

19. UNDERTAKER Callahan & Kelly
(ADDRESS) 1416 N. Taylor St.

20. FILED 8-2- 19 35 W. A. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Aug 1, 1935.
I last saw him alive on Aug 1, 1935. Death is said to have occurred on the date stated above, at 4:36 p. m.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset 7-15-35

Other contributory causes of importance:
Chronic Myocarditis 1934

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?..... 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) S. A. Hester, M. D.
(Address) 4209 S. Kingshighway
St. Louis Mo.

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.

