

MAR 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis 7th (No. 710), Sanitarium St. Ward) File No. **7837**
Registered No. **1505**

2. FULL NAME

Paul McAloon
(a) Residence, No. Ozama Shelter 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode) unknown
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 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 Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1857
7. AGE YEARS 78 MONTHS 7 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois13. NAME Paul McAloon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois17. INFORMANT W. C. Campbell M.D. (ADDRESS) 5300 Arsenal St.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Feb 10 193619. UNDERTAKER John J. H. Gibbons and Co (ADDRESS) 2242 Murray20. FILED FEB 10 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3/36, 1936
22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1935, to 2/3, 1936
I last saw him alive on 2/3, 1936 Death is said to have occurred on the date stated above, at 2309.
The principal cause of death and related causes of importance were as follows:

Fracture of left hip 6-25-36
1865
Other contributory causes of importance:
Otitis Media (right) 12-30-35
Arteriosclerosis "
Ch. Nephritis "
Bronchopneumonia 1-17-36
Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray, Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accid Date of injury 12-30, 1935
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Full in hall at City Sanitarium
Manner of injury Fracture of left hip
Nature of injury (Enter fracture etc.)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. C. Campbell, M. D.
(Address) 5300 Arsenal 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.

