

MAY 7 1936

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

Do not use this space.

17938

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **The Home Hotel 833 N. 6th St.** St. _____ Ward) **City Hosp. # 1**

File No. _____
Registered No. **4762**

2. FULL NAME **Lawrence M. Dermott**

(a) Residence, No. **The Home Hotel** St. **25** Ward. (If nonresident, give city or town and State)

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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 18 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 10

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

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) **Ireland**

13. NAME **Patrick M. Dermott**

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

15. MAIDEN NAME **Mary Rooney**

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

17. INFORMANT **Mrs. Elizabeth M. Dermott**
(ADDRESS) **6186 Parshing Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **May 1, 1936**

19. UNDERTAKER **Cullinane Bros.**
(ADDRESS) **1710 N. Grand Blvd.**

20. **APR 20 1936** 19 **J. Predeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 28, 1936**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at **10:15 p.m.**

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

**Fractured skull, lacerated brain
resulting in fall down steps at
hotel.** Date of onset

Other contributory causes of importance: **1860**

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? **Accid.** Date of injury **4/28, 1936**

Where did injury occur? **St. Louis Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **public Place**

Nature of injury **Fall**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Harold P. Shuff**, M. D.

(Address) **Depue**

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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