

JUN 26 1936

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

Do not use this space.

25125

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Jefferson Primary Registration District No. 6248H
City Richmond, Mo. (No. St. Mary's Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5873 Julian Ave St. _____ Ward St. Louis Mo
(Usual place of abode) (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie King
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1879
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney
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) St. Louis Mo

MOTHER 13. NAME Patrick King

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

15. MAIDEN NAME Honora King

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

17. INFORMANT (ADDRESS) John McElroy Jr 5873 Julian Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 6-8-36

19. UNDERTAKER (ADDRESS) Tracy's Mortuaries 4228 So. Genoa St

20. FILED June 6, 1936 Verbride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-1936

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 _____ m.

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

Automobile accident,
while driving his own car,
lost control, crashing into
parked car along side of road,
causing severe chest injuries,
and abdominal injuries.
Fractured spleen, masceration
of pancreas, contusion and bruising
of entire intestinal tract,
including stomach.

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? OVER (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) _____, M. D.

(Address) 3718 Jennings Rd

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.

Gangrenous omentum, caused by destruction,
large organized embolus in the
rt ventricle, completely occluding
heart cycle. Toxemia, from absorption
of dead tissue in abdominal cavity.

Secondary; Large embolus rt. ventricle,
occluding heart cycle. Toxemia,
surgical shock.