

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

Do not use this space.

NOV 4 1936

**791
1003**

36298

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

B. City St. Louis, Missouri **(No.)** City Hospit. 1 No. 1
8822 **Thomas Donnelly**

File No.....

Registered No.....

St. Ward)

2. FULL NAME

(a) Residence, No. 1204 a Franklin St., 25 Ward.

(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)** single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1873

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day,** hrs. or min.
62 11 6

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. Common

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) Ohio

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hosp. Info. I. P. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 9-26 1936

19. UNDERTAKER W Richter
(ADDRESS) 35 E. Rutledge St

20. FILED OCT 2 1936
J. Burbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/14/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/9/36, 19, to 9/14/36, 19.

I last saw him alive on 9/14/36, 19. Death is said

to have occurred on the date stated above, at 1.40 p
The principal cause of death and related causes of importance were as follows:

Cancer of mouth

Date of onset

Other contributory causes of importance:
KPC

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) Chas J. Harvey M. D.

(Address) City Hospital No. 1

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

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.

