

NOV 4 1936

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

Do not use this space.

791

39504

1008

File No. 10545

Registered No. St. Ward)

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No.
Primary Registration District No.
4879 Margaretta Ave.

2. FULL NAME Thomas Haley

(a) Residence, No. 4879 Margaretta Ave. St. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

70 4 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

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) Missouri
(STATE OR COUNTRY)13. NAME Thomas Haley14. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)17. INFORMANT Mrs. Mary Haley
(ADDRESS) 4879 Margaretta Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 10/22/3619. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.20. FILED OCT 21 1936 St. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1935, to Oct 19, 1936I last saw him alive on Oct 16, 1936 Death is said to have occurred on the date stated above, at 5 p.m.

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

Carcinoma of Prostate Gland Date of onset ?Other contributory causes of importance: 5/0Name of operation Prostatectomy Date of Oct 27-35What test confirmed diagnosis? Pathology Was there an autopsy? No

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? No.

If so, specify.....

(Signed) J. H. Mamolowsky, M. D.
(Address) 984 Arcade Bldg.
St. Louis Mo

