

DEC 3 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. **75-1008**

Township..... Primary Registration District No. ....

City St. Louis (No. 1016 Eichelberger) St. .... Ward)42526  
File No. .... 11027

Registered No. ....

## 2. FULL NAME

(a) Residence, No. 1016 Eichelberger 15 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) July 4, 19097. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 3 288. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) St. Louis, Missouri13. NAME Patrick O'Donnell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri15. MAIDEN NAME Margaret Welsh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Youngstown Ohio17. INFORMANT (ADDRESS) Margaret O'Donnell18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 5 193619. UNDERTAKER (ADDRESS) John P. Collins20. FILED Nov 4 1936 J. Brudeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 193622. I HEREBY CERTIFY That I attended deceased from 6/22/36 to Nov - 2 - 36, 1936I last saw him alive on Nov - 2 - 36 Death is said to have occurred on the date stated above, at 7:20 A.M.

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

Chronic Myocarditis (Date of onset)Other contributory causes of importance: 930Name of operation Clamant Date ofWhat test confirmed diagnosis Clamant 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) Joseph S. Jones, M. D.(Address) 428 9th Street

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 GOVERNMENT FORM—1 X7044

