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. 791 File No. 42670

Township ..... Primary Registration District No. 1003 Registered No. 11178

City St. Louis, (No. City Hospital No.1 St. ..... Ward)

B. 11101

2. FULL NAME Frank Halloran

(a) Residence, No. Swan House 6th and Delmar St., Ward 25
(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6th 1870

7. AGE YEARS 66 MONTHS 6 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.

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) Louisville Ky

FATHER

13. NAME Wm. Halloran

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 11-11-36 19

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Undt.Co. 3840 Lindell Blvd.

20. FILED NOV 10 1936 19 J. L. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/28/36, 19, to 11/8/36, 19

I last saw him alive on 11/8/36, 19 Death is said to have occurred on the date stated above, at 7.50 p m

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

Arteriosclerotic heart disease

Date of onset

Other contributory causes of importance: 95 [illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) William S. Friedenwald, M. D.

(Address) City Hospital No.1

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 UNFAILING INK. THIS IS A PERMANENT RECORD

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