

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.

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

Do not use this space.

**JAN 10 1937**

**791  
1008**

46614

**1. PLACE OF DEATH**

County..... Registration District No. ....  
 Township..... Primary Registration District No. ....  
 City St. Louis (No. En Route to City Hosp. #1) St. .... Ward) .....

File No. ....  
 Registered No. **12406**

**2. FULL NAME** William P. Driscoll

(a) Residence, No. 4465 Hunt Ave. St. 18 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Louise Driscoll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>67</u>	<u>9</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Watchman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Hydraulic press</u>
	10. Date deceased last worked this occupation (month and year).....	<u>Black Co</u> (Total time years spent in this occupation.....)

12. BIRTHPLACE (CITY OR TOWN) London  
 (STATE OR COUNTRY) England

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) England  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) England  
 (STATE OR COUNTRY)

17. INFORMANT Clara Louise Driscoll  
 (ADDRESS) 4465 Hunt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 12-21 1936

19. UNDERTAKER Kriegshauser Montuaries  
 (ADDRESS) 4104 Manchester Ave.

20. FILED St. Peter & Paul 1936  
St. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 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 2:10 A.M.

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

Criminal Carelessness  
Traumatic Hemorrhage  
Due to Fracture cervical spine  
Fractured skull, Ruptured spleen  
Pedestrian Manchester, 20 feet from  
Highway St.  
 Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Criminal Carelessness Date of injury 12/18 1936  
 Where did injury occur? St. Louis Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto accident  
 Nature of injury Fractures cervical spine

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify.....  
 (Signed) Alfred Perry M. D.  
 (Address) Deputy Coroner

