

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

96 County St. Louis  
2 Township Wentz  
7 City Clayton

Registration District No. 790  
Primary Registration District No. 6033a  
(No. 7405 Oxford Drive 2)

File No. 3006  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Patrick A. McDonough

(a) Residence, No. 7405 Oxford Drive St. \_\_\_\_\_ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mangr. 262

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Met. Life Ins. Co.

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) Ireland 15

13. NAME William F. McDonough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Mary Moran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

17. INFORMANT Wm. A. McDonough (Son)  
(ADDRESS) 1130 Hodimont Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 1/13 1937

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

20. FILED 1/11 1937 Dr. J. Squarrell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1937 19

22. I HEREBY CERTIFY, THAT I attended deceased from Aug. 19 1936 to Jan. 10 1937  
I last saw him alive on Jan. 10 1937. Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Hypostatic Pneumonia - Lobar Date of onset \_\_\_\_\_  
& Hemorrhage from Stomach

Other contributory causes of importance: Carcinoma of Stomach

Name of operation Exploration 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? \_\_\_\_\_ 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) [Signature] M. D.  
(Address) [Address]

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.

Dr. James F. Clancy •  
Univ. Club Bldg. Je 9962  
1 to 3 pm.