

MAR 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Alexian Brothers Hospital)

File No. 8246
Registered No. 1695
St. Ward

2. FULL NAME Daniel F. Driscoll

(a) Residence, No. 3520 McKean Ave. St. 16 Ward 1
(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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Felece Driscoll</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unk Unk 1864</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>UNKNOWN</u>	DAYS <u>UNKNOWN</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Police</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sergt.</u>		
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) <u>England</u>	<u>8</u>
13. NAME <u>John Driscoll</u>	<u>15</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	<u>15</u>
15. MAIDEN NAME <u>Ann O'Connell</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	

17. INFORMANT Mrs. Felece Driscoll
(ADDRESS) 3520 McKean Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Feb. 9, 1937

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

20. FILE FEB 8 - 1937
J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1937 .19

22. I HEREBY CERTIFY, that I attended deceased from Jan 21, 1936 19 to Feb 6 1937
I last saw him alive on Dec 6 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Coronary thrombosis
468
Isaiah

Other contributory causes of importance: no epidemic

Encephalo-meningitis
Chronic urticaria
Name of operation excision of bladder tumor
What test confirmed diagnosis? Bladder tumor 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? Yes
If so, specify Met. S. Mamm M. D.

(Signed) M. S. Mamm
(Address) 779 Mamm Bldg

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.

1-20314

