

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

32255

Do not use this space.

OCT 14 1937

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1003

8309

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City **St. Louis**
(d) Street No. **3219 Palm St.**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Patrick Mc. Donough,**

(a) Residence, No. **3219 Palm St.** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mc. Donough,**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 28, 1869**

7. AGE YEARS **67** MONTHS **10** DAYS **5**
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as saw mill, bank, etc. **Refrigerators**
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **West Virginia**
(STATE OR COUNTRY)

13. NAME **Patrick Mc. Donough**
14. BIRTHPLACE (CITY OR TOWN) **Ireland**
(STATE OR COUNTRY)

15. MAIDEN NAME **Ellen Shaughnessy**
16. BIRTHPLACE (CITY OR TOWN) **Ireland**
(STATE OR COUNTRY)

17. INFORMANT **Mrs. Nellie V. Mc. Donough**
(ADDRESS) **3219 Palm St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cem.** DATE **Sept. 6, 1937**

19. FUNERAL DIRECTOR **Cullinane Bros.**
(ADDRESS) **1710 N. Grand Blvd**

20. FILED **SEP 8 1937**
J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 7** 19**37**, to **Sept 2** 19**37**
I last saw him alive on **Aug 30** 19**37** at **4.50 P.M.** Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Ca of Colon
Date of onset

Other contributory causes of importance:
Name of operation **Sleeve Gastrectomy** Date of **May 17, 1937**
What test confirmed diagnosis? **Inspection** 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? **No**
If so, specify.....
(Signed) **Hubert P. Ruess** M. D.
(Address) **3126 N. Grand Ave.**

STATEMENT BY LICENSED EMBALMER

I, Fred Frick

Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Fred Frick

Licensed Embalmer No. 3186

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)