OCT 14 1937

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

791
1003

Do not use this space.
32352

1. PLACE OF DEATH
County St Louis
Registration District No.
Township
Primary Registration District No. HOTEL
City St. Louis (No. Park Plaza St. Ward)
File No.
Registered No. 8406

2. FULL NAME Michael Harrold
(a) Residence, No. Park Plaza Hotel St. 12 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? no record yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
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 Anna Harrold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14-1864
7. AGE YEARS 73 MONTHS 6 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banner Ice
10. Date deceased last worked at this occupation (month and year) 20 years ago
11. Total time (years) spent in this occupation 29 yrs

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

FATHER
13. NAME Thomas Harrold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Catherine Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Anna Harrold St. Louis Mo. (Park Plaza)
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 9/9/37 19
19. UNDERTAKER (ADDRESS) S. W. Brichler East St. Louis Ill.
20. FILED SEP 7 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6th, 1937.
22. I HEREBY CERTIFY, That I attended deceased from November 15, 1935, to Sept. 6, 1937
I last saw him alive on Sept. 6, 1937. Death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:
Thrombosis Coronary Art. — Date of onset 1 hour before death
94b
Other contributory causes of importance:
General arterio-sclerosis
Arterio Sclerosis Coronary arteries (marked) — many years.
Name of operation None Date of
What test confirmed diagnosis? E. K. G. 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) John J Hammond, M. D.
(Address) 634 N. Grand Blvd

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.