

WRITE PEAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 10 1938

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

42861  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City ..... (d) Street No. **5017 Goethe** ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 J. Driscoll**

(a) Residence, No. **5017 Goethe Ave.** St. **2**  
(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 **Barbara Driscoll**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 13, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**59 0 19**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Plumbing Contractor**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) **Pennsylvania**

FATHER 13. NAME **John Driscoll**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Barbara Driscoll**  
**5017 Goethe Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Dec. 4, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Kriegshauser Mortuaries**  
**4228 So. Kinghighway**

20. **DEC 9 1937** 19. **J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/2 - 1937**

22. I HEREBY CERTIFY, That I attended deceased from **7 a.m.**, 19**37**, to **Dec. 2**, 19**37**

I last saw him alive on **Dec. 1**, 19**37**. Death is said to have occurred on the date stated above, at **5:30 a.m.**

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

*Metastatic carcinoma of 12th dorsal vertebra*  
*Primary carcinoma of prostate*  
Date of onset **Dec 30**  
**17th year**

Other contributory causes of importance:  
**Primary carcinoma of prostate**

Name of operation **none** Date of .....  
What test confirmed diagnosis? **Chemical & X-ray** 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) **J. Bredeck**, M. D.  
(Address) **505 W. 6th St. Bldg.**

**STATEMENT BY LICENSED EMBALMER**

I, Recieved Certificate....., Licensed Embalmer No.....

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

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**