

FEB 12 1938

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

995
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **DePaul Hospital** Registered No. **851**
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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 **John J. McElroy 246**

(a) Residence, No. **5876 Page Blvd.** St. **5**
 (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 **Married**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Genevieve McElroy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 18, 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dry Goods**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Salesman**
 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**

FATHER 13. NAME **Bernard McElroy**

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

MOTHER 15. MAIDEN NAME **Maria Flynn**

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

17. INFORMANT (ADDRESS) **King McElroy 5876 Page Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 25, 1938**

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

20. FILED **JAN 24 1938** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 22, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 27, 1937, to Jan 22, 1938**

I last saw him alive on **Jan 22, 1938** Death is said to have occurred on the date stated above, at **8:30 a.m. P.M.**

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

Lobar pneumonia Date of onset **Jan. 13**

Other contributory causes of importance: **Urinary calculus** ?

Name of operation **Urinary lithotomy** Date of **Jan 5, 1938**
 What test confirmed diagnosis? 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) **W. H. Thau** M. D.
 (Address) **984 Argon 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.

Hande
1-23

STATEMENT BY LICENSED EMBALMER

I,, 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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

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.)