

REC'D APR 11 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
1003

9199

Do not use this space.

2788

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. DePaul Hosp 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Patrick J Friel 640  
 (a) Residence, No. 5220 Lotus Ave. St. 6 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridget

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18th, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 10 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman

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) Ireland

13. NAME James Friel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Alphonse L. Friel  
 (ADDRESS) 4448 Kossuth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt. DATE 3/25/38

19. FUNERAL DIRECTOR Harrigan & Sheahan Und Co  
 (ADDRESS) 4415 Washington Blvd.

20. FILED MAR 24 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22/38 '19

I HEREBY CERTIFY that I attended deceased from March 8, 1938, to March 22, 1938

I last saw him alive on March 21, 1938. Death is said

to have occurred on the date stated above, at 6:50am

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

Coronary Thrombosis Date of onset 3 wks

Other contributory causes of importance:

Hypertension 1 yr

Name of operation Phys Ex Date of no  
 What test confirmed diagnosis Phys Ex 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 John Cameron M. D.

(Address) 508 N. Grand St.

*Lu Weber, Emballer  
Mrs. Bledg  
193*

**STATEMENT BY LICENSED EMBALMER**

I, Albert G. Hoppe, Licensed Embalmer No. 2961

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Albert G. Hoppe

Licensed Embalmer No. 2961

**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.)**