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.

DEC'D MAR 13 1939

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

791
1003

4840
Do not use this space.

1533

1. PLACE OF DEATH

(a) County..... Registration District No. 1003

(b) Township..... Primary Registration District No..... Registered No. 1533

(c) City St. Louis (d) Street No. Jewish Hospital 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 624 John Driscoll,

(a) Residence, No. 3641 Aldine Ave. St. 11
(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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1864

7. AGE: Years 75 | Months 0 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. United Railways

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) Pottsville Pa.

FATHER

13. NAME Patrick Driscoll

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

MOTHER

15. MAIDEN NAME Bridget Mahoney

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

17. INFORMANT Mrs. Ellen Burnett,
(ADDRESS) 3641 Aldine Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 2-18-1939, 19

19. FUNERAL DIRECTOR (NAME) Cullinane Brothers
(ADDRESS) 1710 N. Grand Blvd.

20. FILED FEB 16 1939, 19 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1939, to 2-16, 1939

I last saw him alive on 2-16, 1939. 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:

	Date of onset
Pulmonary Edema	2-13-39
Bronchopneumonia	2-10-39

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Lawrence W. Dreer M. D.

(Address) Jewish Hosp. of St. Louis

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis M

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

If this body is not embalmed, above space should be left blank.