MAY 17 1939

REC'D JUN 8 1939

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

19785
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS — Registration District No. 784
(b) Township — Primary Registration District No. 111 — Registered No. 899
(c) City Rich Hgts — (d) Street No. ST. MARY'S 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 650 WILLIAM H. DORAN
(a) Residence, No. 4039 PLAINFIELD St. CHICAGO ILLINOIS
(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: Bertha M. Doran
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9 - 1870
7. AGE: YEARS 69 — MONTHS 2 — DAYS 7 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: RETIRED GROCER
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: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNION SPRINGS NEW YORK 5

FATHER
13. NAME: PATRICK DORAN 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND

17. INFORMANT (ADDRESS): Bertha M Doran 4039 Plainfield Chi Ill
18. BURIAL, CREMATION, OR REMOVAL: PLACE Chicago Ill. DATE ....19
19. FUNERAL DIRECTOR (ADDRESS): Thomas J Finan 1519 So Grand Blvd
20. FILED MAY 17 1939 R. Meyer M.D. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/16, 1939
22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1939, to 5/16, 1939
I last saw him alive on 5/16, 1939. Death is said to have occurred on the date stated above, at 9 47 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Abdominal aneurysm (Lues ??) | unknown |

96

Other contributory causes of importance: Marked Atherosclerosis Aorta & Coronary arteries

Name of operation: None — Date of —
What test confirmed diagnosis? None — Was there an autopsy? Yes

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? .....
If so, specify no
(Signed) C. H. Leslie, M. D.
707 (Address) Kirkwood, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAIN IN RESERVED FOR BINDING

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.

50M-7-20-37 I X12004

## 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 John Ketter

Licensed Embalmer No. 3880

**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.)**