DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38234

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 10073

1. PLACE OF DEATH:

(a) County ----- 1

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ----- 1

(c) City or town St. Louis, 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4129 Delmar Blvd.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years

3. (a) PRINT FULL NAME Driscoll, William, 624

3. (b) If veteran, name war

3. (c) Social Security No. No. No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 24 (Day) 1970 (Year)

8. AGE: Years 68 ~~69~~ Months 11 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Huckster

11. Industry or business Himself

FATHER
12. Name Michael Driscoll
13. Birthplace (City, town, or county) Illinois 5 (State or foreign country)

MOTHER
14. Maiden name Mary Cummins
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Timothy Driscoll
(b) Address 4129 Delmar Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) NOV 25 1939 (Date received local registrar) (b) J. F. Budach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1939 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11/19, 1939 to 11/24, 1939
that I last saw him alive on November 24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Pyelonephrosis without stones

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence ---
(c) Where did injury occur? --- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---
(Specify type of place)
While at work? -- (e) Means of injury ---

23. Signature Kenneth L. Carter (M. D. ~~or other~~)
Address 1515 Lafayette Ave Date signed 11/25, '39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39. I X19511

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 Mo.

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.)

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