

DROHAN
FILED MAY 12 1951THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

14006

318

1003

4096

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 2-wks.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hospital				d. STREET ADDRESS 5312 Northland Ave.				(If rural, give location)			
3. NAME OF DECEASED (Type or Print)			a. (First) William		b. (Middle) F.		c. (Last) Drohan		4. DATE OF DEATH (Month) (Day) (Year) Apr. 29, 1951		
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Feb. 7, 1879		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min. 2 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Train Dispatcher				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME David Drohan				13b. MOTHER'S MAIDEN NAME Catherine English				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Miss Genevieve Drohan, 5312 Northland Ave.					ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF STOMACH WITH METASTASES.</u>						INTERVAL BETWEEN ONSET AND DEATH 1 yr			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION 11/17/50		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF STOMACH						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)		(STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X							
22. I hereby certify that I attended the deceased from <u>Oct 10, 1950</u> to <u>Apr 29, 1951</u> , that I last saw the deceased alive on <u>Apr 28, 1951</u> , and that death occurred at <u>9:05 Pm.</u> , from the causes and on the date stated above.											
23a. SIGNATURE John T. Anderson MD						23b. ADDRESS 1504 So Grand			23c. DATE SIGNED 4/30/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAY 1 1951		REGISTRAR'S SIGNATURE J. B. Lacatis			25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly			ADDRESS 3840 Lindell Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 1-1-60

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas P. Jewick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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, fact should be so stated above.