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

Do not use this space.

29329

File No.
Registered No. 289

1. PLACE OF DEATH
County St. Louis
Registration District No. 1123
Township Coroner
Primary Registration District No. 4248 B.
City Jefferson Barracks, Mo. No. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Patrick L. O'Fallon.
(a) Residence, No. 4524 Lexington Ave., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred un yrs. kn mos own ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 29 1931

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1886

7. AGE: Years 44 | Months 7 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.
10. Date deceased last worked at this occupation (month and year) Unavailable.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY) Missouri.

FATHER
13. NAME Unavailable.
14. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

MOTHER
15. MAIDEN NAME Unavailable.
16. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

17. INFORMANT C. H. Smith. Clinical Director.
(ADDRESS) U. S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Aug 6, 1931

19. UNDERTAKER Shoot & Carroll
(ADDRESS) 4600 Gravois

20. FILED Aug 4, 1931 L. C. Obrod
Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1930, to August 3, 1931
I last saw him alive on August 3, 1931, Death is said to have occurred on the date stated above, at 3:54 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
121	
930	
97 181	

Other contributory causes of importance:
Hypertension; Arteriosclerosis.
Chronic Nephritis without edema.

Name of operation
What test confirmed diagnosis? Clinical, X-Ray & Laboratory findings. 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?
If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg. M.D.
(Address) U. S. Veterans Hospital, Jefferson Barracks, Mo.