

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

Do not use this space.

42160

1. PLACE OF DEATH

County Registration District No. 7011
Township Primary Registration District No. 11
City St. Louis (No. City Hospital) St. Ward)

File No.
Registered No. 12026

2. FULL NAME

Maurice Donovan
(a) Residence, No. 702 No. 4 St Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Aug. 15-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
64 3 16

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

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

MOTHER FATHER
13. NAME John Donovan

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

15. MAIDEN NAME Mary Kennedy

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

17. INFORMANT (ADDRESS) Hospital information
Place of Residence
City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetery DATE Dec 2, 1931

19. UNDERTAKER (ADDRESS) Edwin Higgins
1125 No. 6 St

20. FILED 1125-2158
Walter E. Starkey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1st, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5th, 1931, to Dec. 1st, 1931

I last saw him alive on Dec. 1st, 1931 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset
Chronic Myocarditis
46E
43E
Other contributory causes of importance:
46E
Carcinoma of liver

Name of operation Date of
What test confirmed diagnosis? clinical 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) Raymond H. Jacobs, M. D.
(Address) City Hospital

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.

