

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.

JAN 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6248H
City Washington Sts. St. Marys Hospital St. _____ Ward _____

File No. 45426

Registered No. 210

2. FULL NAME

(a) Residence, No. 4365 Forest PK. Blk. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Oct. 18-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 2 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central States P. Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 16 1/2

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

13. NAME John Doyle

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

15. MAIDEN NAME Ann O'Brien

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

17. INFORMANT Irene Doyle
(ADDRESS) 4365 Forest PK. Blk.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calloway Cemetery DATE 12-29 1934

19. UNDERTAKER Cullinane Bros.
(ADDRESS) 110 N. Grand St.

20. FILED 12/28 1934 Vertrude Posten
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:45AM

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

Patient entered St. Mary's hospital with fully developed fibrinous pneumonia, involving all three lobes of rt. lung, with most severe type of toxic

Other contributory causes of importance: phthisis, and remained so, the entire time after entering until her death 12:45 midnite.

Name of operation autopsy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence, fall 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 _____ 1935

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Address) 3718 Jennings Rd.

John Quinn 12/27/34

John Quinn

In the absence of the nurse, for a moment, escaped from the 4th story window and dropped on the roof of the hospital kitchen, which is perhaps two stories below. When nurse returned to room, found patient absent, and window open, and she immediately called for help. Patient was taken back to her room and lived about thirty minutes.

On autopsy; Extensive laceration of liver, laceration of left kidney, fractured skull. Fractured right shoulder, fractured right lower forearm and wrist. Fractured right femur. Fractured spinous process of third fourth and fifth lumbar vertebrae. Secondary; Shock and hemorrhage.