

REC'D MAR 24 1938

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

Do not use this space.

8187

1. PLACE OF DEATH

County St. LouisRegistration District No. 96

File No.

Township Camondelot

Primary Registration District No.

Registered No. 322City Jefferson Barracks (No. U. S. F.)

St. _____ Ward _____

2. FULL NAME

James DONOVAN(a) Residence, No. 5612 Hallows Ave.

St. _____

Ward. Washington Park, Illinois.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred unkn. 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. 4, 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

45614

OCCUPATION

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

Proprietor - Tavern

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)

11. Total time (years) spent in this occupation

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

Iron Mountain, Missouri.

FATHER

13. NAME

John Donovan.

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

Iron Mountain, Missouri.

MOTHER

15. MAIDEN NAME

Mary Houk,

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

Bismarck, Missouri.

17. INFORMANT (ADDRESS)

M. Schilleg, Clinical Clerk, V.F. Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

East St Louis Ill 2/17/38

19. UNDERTAKER (ADDRESS)

W. J. ...

20. FILED

278

19.38

Dr. Meyer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1938 to Feb. 18, 1938I last saw him alive on Feb. 18, 1938. Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Arteriosclerosis, generalized with an associated myocardial insufficiency and cardiac arrhythmia.

Date of onset

unkn.

Other contributory causes of importance:

Valvular Heart Disease Mitral Insufficiency.unkn.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO.

Phys., clinical findings and laboratory.

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) _____

(Address) C. W. Hughes, M. D.Chief Medical Officer, VAF, Jefferson Barracks, Mo.

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.

Burt H. Galbreath
The Prisoner No 2420
4305 Washington Ave
St Louis Mo