WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16605

DEC 13 1938

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

41048
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791

(b) Township 1 Primary Registration District No. 1008 Registered No. 10740

(c) or City St. Louis (d) Street No. 888 Elias Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME 650 WILLIAM OWEN DORAN

(a) Residence, No. 888 Elias Avenue St. 8
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Doran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 1, 1870

7. AGE: YEARS 68 MONTHS 4 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.: City Employ
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): Effingham Ill

FATHER
13. NAME: Patrick Doran
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Miss Margaret Doran, 888 Elias Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Springfield, Ill. DATE: Dec 14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Math. Hermann & Son, 2161 East Fair Avenue

20. FILED DEC 13 1938, 19 J. D. Breckenk Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC. 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN. 15, 1934, to DEC 12th, 1938
I last saw him alive on DEC. 12th, 1938. Death is said to have occurred on the date stated above, at 4 05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	5/1/38

Other contributory causes of importance:

Chronic Nephritis Interstitial	1934
Chronic Prostatitis	1934

Name of operation: Prostatectomy Date of: 1934
What test confirmed diagnosis? Was there an autopsy?

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? No
If so, specify
(Signed) Edwin J. Frolich, M. D.
(Address) 3635 No. Newstead Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William G. Buchhol

Licensed Embalmer No. 3110

P. O. Address St Louis Mo

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, above space should be left blank.