

S. No. 2
4-13-40
5-17-39
X23159

23509

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 5861

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution CITY HOSPITAL #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 WKS.
(Specify whether years, months or days)

In this community 10 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1640 A. HELEN ST. 26
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME PETER W. DESMOND.

MEDICAL CERTIFICATION

3. (b) If veteran, name war NONE

20. DATE OF DEATH: Month JULY day 16TH
year 1941 hour 6:50 minute A. M.

4. Sex MALE 5. Color or race WHITE

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____

Immediate cause of death Fracture of Pelvis Duration
Impacted of right femur; Internal
Hemorrhage; when deceased was found in
gangway on south side of his home
Due to 1640a Helen St., July 16, 1941
about 4.05 A.M. WHETHER HE JUMPED OR
FELL FROM THIRD STORY WINDOW OF HIS
HOME COULD NOT BE DETERMINED.

7. Birth date of deceased MAY 3RD 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>2</u>	<u>13</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace PORTAGE DESIOUX MO
(City, town, or county) (State or foreign country)

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation RETIRED

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business LABORER-GLASS WORKS

12. Name LAWRENCE DESMOND.

13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

14. Maiden name ANN MAHER

15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Miller

(b) Address 1640 A. HELEN ST.

17. (a) BURIAL (b) Date thereof JULY 18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVE CEM.

22. If death was due to external causes, all in the following:

(a) Accident, suicide, or homicide (specify) OPEN VERDICT 000

(b) Date of occurrence 7-16-1941

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
(Specify type of place)

While at work? 2 (e) Means of injury _____
23. Signature Thomas J. Callahan (Date or other) 5
Address Deputy Coroner Date signed 7/17/41

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.....

Guy W Wilkinson

Licensed Embalmer No. *3575*

P. O. Address.....

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, fact should be so stated above.