

3. No. 2
M-2-43
5-17-3
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33045

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

318 STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **9614**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 5 mo, 24 days.
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town St. Louis, Manchester, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. Manchester Nursing Home
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____ American

3. (a) PRINT FULL NAME Irvin Driscoll

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 9 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>46</u>	<u>8</u>	<u>21</u>	_____ hr. _____ min.
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9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Ret - Insurance

11. Industry or business ??

12. Name John Driscoll

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Amelia

15. Birthplace Ste Genevieve Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Green

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof 11-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph's Cem

18. (a) Signature of funeral director Louis H. Bopp

(b) Address Northwood, Mo

19. (a) NOV 2 1943 (b) J. J. Breder
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1943 hour 1:20 minute _____ A.M.

21. I hereby certify that I attended the deceased from 10/23
43 to 10/30/43, 19____;
that I last saw him alive on 10/29, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to coronary sclerosis

Due to arteriosclerosis

Other conditions Spastic Paraplegia, Idiocy
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

8211

Duration

5 months

5 months

several years

several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature A. Sweeney (M.D. or other) _____

Address 5800 Arsenal Date signed 10/30/43

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

MOTHER FATHER

9615

9614

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 Felix Seward

Licensed Embalmer No. 3074

P. O. Address Kirkwood 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, fact should be so stated above.