

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

Do not use this space.

35082

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2649**)

**Gravois**

File No. ....

Registered No. **10232**

St. .... Ward)

**2. FULL NAME**

**William Donnellan**

(a) Residence. No. .... St., **23** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Florence Donnellan**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 1884**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **abt. 43**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Proprietor Billiard Hall**  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **St. Louis**

**10. NAME OF FATHER**

**Wm. Donnellan**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Ireland**

**12. MAIDEN NAME OF MOTHER**

**Bridget Morgan**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Ireland**

**14.**

INFORMANT **Mrs. Florence Donnellan**  
(Address) **2649 Gravois**

**15.**

**NOV 15 1927** FILED **Maule Starckoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov-15** 19 **27**

17. I HEREBY CERTIFY That I attended deceased from **June 4**, 19**26**, to **Nov-15**, 19**27** that I last saw him alive on **Nov-14**, 19**27**, and that death occurred, on the date stated above, at **2:15 a. m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

**Acute Polyarteritis**  
**Chronic Interstitial Nephritis**  
(duration) **1** yrs. **5** mos. **11** ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Cyano & Sympton**

(Signed) **Harry C. Bolter**, M. D.

**Nov-15**, 19**27** (Address) **315-University**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

**Calvary**

**11-17** 19**27**

**20. UNDERTAKER**

ADDRESS

**Arthur J. Donnelly** **2039 Wash**

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.

Dr Bohner

University Club Rm

Jeff 4928

10-11

2-4