

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

4640

1470

Registration District No.

Primary Registration District No.

1003

Registrar's 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 Hospital, #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 Days /  
 (Specify whether

In this community  
years, months or days)3. (a) PRINT FULL NAME Thomas Donnelly3. (b) If veteran, name war No 3. (c) Social Security No. No4. 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 Oct., 11, 1870  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
69 4 - hr. min.9. Birthplace Ireland (City, town, or county) (State or foreign country) 510. Usual occupation Iron Moulder 311. Industry or business Green Foundry 512. Name John Donnelly13. Birthplace Ireland (City, town, or county) (State or foreign country)14. Maiden name Mary Prendergast15. Birthplace Ireland (City, town, or county) (State or foreign country)16. (a) Informant's own signature John Donnelly(b) Address 1229 Blackstone17. (a) Burial (b) Date thereof 2-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Chas. F. Stuart(b) Address 1225 Union Blvd.,19. (a) FEB 13 1940 (b) J. B. Braddock  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 76  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Ozanam Shelter 3225 Montgomery  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11,  
year 1940 hour 6:10 minute P. M.21. I hereby certify that I attended the deceased from January  
29, 19 40, to February 11, 19 40  
that I last saw him in alive on February 11, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Braddock (M. D. or other) \_\_\_\_\_Address 1515 Lafayette, Date signed 2/13/40

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**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 *Bernard A. J. Stuart*

Licensed Embalmer No. *3500*

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, above space should be left blank.**