No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13688

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 3890

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4912 NOTTINGHAM
(If rural, give location)

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

3. (a) PRINT FULL NAME Rae Bertha Donnelly 540

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Michael A. Donnelly

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased December 13, 1895
(Month) (Day) (Year)

8. AGE: Years 44 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Pittsburg (City, town, or county) Texas (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jacob Morris
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Nettie Hoffman
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant MA. DONNELLY
(b) Address 4912 NOTTINGHAM

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/31/1940 (Month) (Day) (Year)
(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director H. B. Berger
(b) Address 4715 McPherson

19. (a) APR 30 1940 (Date received local registrar) (b) J. F. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan., 1932, to April 29, 1940; that I last saw her alive on April 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Ileus	2 da
Due to: Volvulus of Ileum	3-4 da
Due to: Adhesions between loops of Ileum	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: as above	
Of autopsy	

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

23. Signature George A. Sullivan (M. D. or other)
Address 4211 W. Scherwood Date signed 4/29/40

(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 H. I. BERGER, Registered Apprentice No. ..... working under my personal supervision.

Signed H. I. Berger

Licensed Embalmer No. 1597

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.