

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26816
Registrar's No. 6608

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital #1
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 005
(c) City or town St. Louis 17
(d) Street No. 5643 Maffitt 6
(If rural, give location)
(e) Citizen of foreign country? Attending Physician (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1941 hour 11:05 minute H. M.

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.

Immediate cause of death: General Peritonitis
Gallbladder Ruptured
Due to Remnants of Caecum
With Metastasis of
Due to Liver

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)
Major findings: H6
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J. J. Brennan (M.D. or other) 6608
Address _____ Date signed _____

3. (a) PRINT FULL NAME James Donnelly

3. (b) If veteran, name war No 3. (c) Social Security No. 494-03-4880

4. Sex Male 5. Color White 6. (b) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Budget 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 13 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hod Carrier

11. Industry or business _____

12. Name John Donnelly

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

14. Maiden name Mary Cannon

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

16. (a) Informant Budget Donnelly

(b) Address 5643 Maffitt

17. (a) Burial (b) Date of funeral 8-14-41
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Perm.

18. (a) Signature of funeral director Chas. J. Stuyck
(b) Address 1275 Union Blvd.

19. (a) Aug 13 1941 (b) J. J. Brennan
(Date received local registrar) (Registrar's signature)

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

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 J. Stewart

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, fact should be so stated above.