

FILED MAY 28 1942

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4337

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 23 yrs
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. 5845 Lindenwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael Andrew Donnelly

3. (b) If veteran, name war World #1 3. (c) Social Security No. 489-03-5425

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

6. (b) Name of husband or wife Rae Bertha Donnelly 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 14 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 9 2 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Amusement Machine Co.

12. Name Patrick Francis Donnelly

13. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margie Chapman
15. Birthplace Steelville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Morris

(b) Address 5248 Nottingham

17. (a) Burial (b) Date thereof May 18, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 10 1942 (b) G. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from May 12, 1942 to May 16, 1942
that I last saw him alive on May 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Apoplexy 4 days
Due to Moderate Arterio-Sclerosis 2 Yrs
Due to Coronary Artery Disease 4 Mos
Other conditions Diabetes Mellitus 1 Yr.

Duration

PHYSICIAN

Major findings:
Of operations None
Of autopsy None
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)
(Specify type of place) Means of injury

23. Signature George A. O'Sullivan (M. D. or other) M.D.
Address 421 W. Schirmer St Date signed 5/17/42

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

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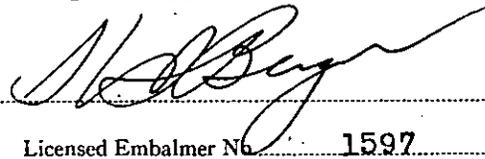
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STATEMENT BY LICENSED EMBALMER

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.....


.....

Licensed Embalmer No..... 1597

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.