

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 21 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39034

State File No. 10292
Registrar's No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH: 318
(a) County
(b) City or town: ST. LOUIS
(c) Name of hospital or institution: 3645 HICKORY ST. 1
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED: 1005 000
(a) State: MISSOURI (b) County: 19
(c) City or town: ST. LOUIS 9/10
(d) Street No.: 3645 HICKORY ST.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME: MARTIN McDONNELL
3. (b) If veteran, name war: WORLD
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 9 year 1942 hour One minute 45 AM

4. Sex: MALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MAMIE McDONNELL 6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: SEPT 12 1891 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1st 1942 to Dec. 9th 1942
that I last saw him alive on Dec. 1st 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 2 Days 27 If less than one day hr. min.

Immediate cause of death: Myocarditis (Chronic)
Duration

9. Birthplace: ST. LOUIS, MISSOURI (City, town, or county) (State or foreign country)

Due to: gas poison world war I
Due to:

10. Usual occupation: ml

Other conditions: Bronchial cough (Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name: MICHAEL McDONNELL
13. Birthplace: IRELAND 4
14. Maiden name: NORA ANGLIN
15. Birthplace: IRELAND 4

Major findings: Of operations: none Of autopsy: none
PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Anna McDonnell
(b) Address: 3645 Hickory St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) BURIAL (b) Date thereof: DEC. 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEMETERY

(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?

18. (a) Signature of funeral director: E. J. Schur
(b) Address: 3125 1/2 Jay St. St. Louis, Mo.
19. (a) (Date received local registrar) (b) J. F. Predeck (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature: Orrin E. Smith (M. D. or other)
Address: 4047 W. Pine St. Date signed: 12.9.42

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.....

Joseph Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.