S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4110

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1903

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4244 West Finney Avenue
(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 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4244 West Finney Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME John Donnell

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Artha Donnell

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 26, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	27	hr. min.

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

10. Usual occupation Janitor

11. Industry or business ---

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Mary Unavailable
15. Birthplace Unavailable (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Artha Donnell
(b) Address 4244 West Finney Avenue

17. (a) GrBuriald (Burial, cremation, or removal) (b) Date thereof 3/1/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) FEB 26 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd year 1943 hour 11:00 minute p.M.

21. I hereby certify that I attended the deceased from FEBRUARY 17th, 1943, to FEBRUARY 23, 1943 that I last saw him alive on FEBRUARY 23 at about 2 PM 1943 and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC ASTHMA. — Duration CHRONIC

Due to CHRONIC MYOCARDITIS, CHRONIC INTERSTITIAL NEPHRITIS. PROSTATIC HYPERTROPHY, CARCINOMA OF PROSTATE? GLYCOSURIA ET HAEMATURIA.

Other conditions
(Include pregnancy within 3 months of death)

51

Major findings:
Of operations

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 J. A. Hartmann M.D. (M. D. or other)

Address Century Bldg, 9th & Olive Date signed 2/25/43

(Licensed Embalmer's Statement on Reverse Side)

602 Century Bldg
Wm. A. Hartman

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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 4107 Finney Avenue

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.