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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7018**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Days**
(Specify whether _____)
In this community _____
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. **1861 Menard St.**
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Clarence Donnelly**

3. (b) If veteran, name war **World No. 1** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Single**

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

7. Birth date of deceased **July 10, 1892**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	0	22	hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER

12. Name **James P. Donnelly**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia O'Donnell**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Donnelly**

(b) Address **3971 Menard St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 4, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Weick Bros.**
(b) Address **2201 S. Grand Bl.**

19. (a) **Aug 9 1943** (Date received local registrar) **J. F. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2**, year **1943** hour **6:30** minute _____ A. M.

21. I hereby certify that I attended the deceased from **July 29**, 19**43** to **August 2**, 19**43** that I last saw him alive on **August 2**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Basal cell Carcinoma of Jaw**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **52**

Major findings:
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?

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

23. Signature **J. F. Brudeck** (M. D. or other) _____
Address **1515 Lafayette Avenue.** Date signed **8/2/43**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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..... *Harry A. Stewart*

Licensed Embalmer No..... **3722**

P. O. Address..... **412 Duchouquette St.**

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.