

S. No. 2
M-2.43
5-17-39-
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36295

State File No.

9909

FILED NOV 23 1943

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1922a Montgomery St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 4 5 yrs. 9 mos. 17 das
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Theresa, O. Donnell

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 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 Jan. 24, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 9 17 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Wm. C. O. Donnell
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Johanna, Kennedy
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant John J. O. Donnell
(b) Address 1178 Hampton Dr.

17. (a) Burial (b) Date thereof 11-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galveston Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2228 St. Louis Ave.

19. (a) NOV 12 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Das
(c) City or town St. Louis, Mo. 2617
(If outside city or town limits, write "RURAL")
(d) Street No. 1922a Montgomery St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11
year 1943 hour 5 minute 10a.m.

21. I hereby certify that I attended the deceased from Oct 1
1943 to Nov 11, 1943,
that I last saw h. alive on Nov 11, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Haemorrhage

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(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 [Signature] (M. D. or other) [Signature]
Address 2342 Ashmun Date signed 11/12/43

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 *Marie A. Cashin*

Licensed Embalmer No. *3949*

P. O. Address *St. Louis Mo*

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.