

FILED NOV 29 1943

Registration District No.

318

Primary Registration District No.

1003

10033

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Thomas Ray Donnell

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

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

6. (b) Name of husband or wife Gertrude Donnell 6. (c) Age of husband or wife if 54

7. Birth date of deceased 10-29-1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 19 If less than one day hr. _____ min.

9. Birthplace Mattoon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thos. Ray Donnell

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Richard Donnell

(b) Address Humboldt Illinois

17. (a) Removal (b) Date thereof 11-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattoon, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 16 1943 (b) J. T. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Coles
(c) City or town Mattoon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1943 hour 5:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 4
1943, to Nov 16 1943;
that I last saw him alive on Nov 16 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 3 days

Due to Barriers of Right lung

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

Major findings: Calcium of lung PHYSICIAN _____
Of operations _____
Of autopsy Same
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 glare) (e) Means of injury _____

23. Signature M. C. Adams (M. D. or other) _____
Address BARNES HOSPITAL Date signed 11/16/43

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

1179

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

John Gavraskis
Licensed Embalmer No. *5398*
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.