

FILED JUL 18 1948

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6735 Alabama
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John H. O'Donnell

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

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

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

7. Birth date of deceased November 28 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>6</u>	hr. _____ min.

9. Birthplace Pittsburg Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown
 13. Birthplace "
(City, town, & county) (State or foreign country)
 14. Maiden name "
 15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Kaufman
 (b) Address 6735 Alabama Ave.

17. (a) Cremation (b) Date thereof 7/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Jos. P. Fendler Jr.
 (b) Address 708 85 Michigan Ave

19. (a) _____ (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6735 Alabama
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month July day 4
 year 1944 hour 8.00 minute A. M.

21. I hereby certify that I attended the deceased from June 28, 1944, to July 4, 1944, that I last saw him alive on July 4, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Insufficiency

Due to _____

Due to _____

Other conditions 92
(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) _____
 (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 Katherine Kaufman (M. D. or other) _____
 Address 6735 Alabama Date signed 7/5/44

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9-10

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.....

..... George N. Archambault, Registered Apprentice No. XXXXXXXXXX
working under my personal supervision.

Signed *George N. Archambault*
Licensed Embalmer No. 2906

P. O. Address 7128 Michigan 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.