. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11851

FILED MAR 31 1947

Registration District No. 37 Primary Registration District No. 3070 Registrar's No. 576

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Webster Groves MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 239 E Kirkham
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Erick C. Donnelly
3. (b) If veteran, name war Nill
3. (c) Social Security No. Nill
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Donnelly
6. (c) Age of ~~husband or~~ wife if alive 44 years
7. Birth date of deceased 9 (Month) 18 (Day) 1890 (Year)

8. AGE: Years 56 Months 6 Days 8 If less than one day hr. ✓ min.

9. Birthplace Flemingway (City, town, or county) SC. (State or foreign country)
10. Usual occupation M.D.
11. Industry or business
FATHER 12. Name David Donnelly
13. Birthplace unknown (City, town, or county) SC. (State or foreign country)
MOTHER 14. Maiden name Harriet Cooper
15. Birthplace ~~[illegible]~~ unknown (City, town, or county) SC. (State or foreign country)
16. (a) Informant Mack Donnelly
(b) Address 3616 N 11th St. N.Y. N.Y.
17. (a) Fairview Park (Burial, cremation, or removal) (b) Date thereof 3 (Month) 18 (Day) 47 (Year)
(c) Place: burial ~~or cremation~~ Fairview Park
18. (a) Signature of funeral director J.C. Lewis
(b) Address 22 Gravois Webster Groves
19. (a) 3-18-47 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10 year 1947 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from 6/17, 1947, to 3/18, 1947, that I last saw him alive on 3/18, 1947, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chr. Uremia
Due to Chr. Nephritis
Due to 131
Other conditions Chr. Myocarditis
(Include pregnancy within 3 months of death)

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?
While at work (Specify type of place) (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 3/19/47

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1947

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 J. O. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.