S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29379

FILED SEP 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8330

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Johns Hospital
(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)
In this community

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. 1646 Texas Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John J. O'Donnell
3. (b) If veteran, name war
3. (c) Social Security No. 493 01 3946

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mabel O'Donnell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 12th. (Day) 1894 (Year)

8. AGE: Years 52 Months 9 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Lewis Invisible Stitch

FATHER
12. Name Patrick O'Donnell
13. Birthplace Ireland (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Margaret Rogers
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Smith
(b) Address 8292 Glen Echo Drive, Normandy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.
19. (a) SEP 2 1947 (Date received local registrar) (b) J. J. Breleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st. year 1947 hour 7.00 minute P. M.

21. I hereby certify that I attended the deceased from May 10, 1947 to Sept 1, 1947 that I last saw him alive on Sept 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cancer Lung
Due to: Brain Cerebral
Due to: Melanosis
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature O. Churchville (M. D. or other)
Address 408 Humboldt Bldg. Date signed 9-2-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.W. Miller
Humboldt Bldg. JE. 4980

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.