

WRITE PLAINLY—USING UNFAADING 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: **Enroute City Hospital 3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **Dan O'Donnell**
3. (b) If veteran, name war..... **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Unknown**
6. (b) Name of husband or wife..... **Unknown** 6. (c) Age of husband or wife if alive..... **8** years
7. Birth date of deceased..... **? 8 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 ? ? hr. min.

9. Birthplace..... **Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Unknown**

11. Industry or business.....
12. Name..... **Unknown**
13. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Fr. Jimmy Johnston**
(b) Address..... **1421 Hogan St.**

17. (a) **Burial** (b) Date thereof..... **5-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Albert H. Hoppe**
(b) Address..... **4700 Washington Blvd**
19. (a) **MAY 19 1948** (b) **J. B. Black**
(Date received local registrar) (Registrar's signature)

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. **1421 Hogan St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month..... **May** day..... **16**
year..... **1948** hour..... minute..... **3:00** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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).....
(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?..... Means of injury.....
23. Signature..... **Dr. Charles J. Perry** M. D. or other
Address..... **Dr. Perry** Date signed..... **5/19/48**

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 _____

working under my personal supervision. _____ Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 4079

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.