No. 300
10.48

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13716

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3763

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1526a Destrehan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 1526a Destrehan

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) J. c. (Last) Donnelly

4. DATE OF DEATH (Month) 4 (Day) 26 (Year) 1949

5. SEX M D

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4-25-1887

9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Michael Donnelly

13b. MOTHER'S MAIDEN NAME Mary Coyle

14. NAME OF HUSBAND OR WIFE Ruth Donnelly (nee) Cooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 489-16-4354

17. INFORMANT'S SIGNATURE OR NAME Ruth Donnelly ADDRESS 1526a Destrehan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Oedema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Hypertrophy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 95e

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4343

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 12:30 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph M. Quinn Deputy Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 4/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-28-49

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REG. APR 27 1949

REGISTRAR'S SIGNATURE J. B. Sasaler

25. FUNERAL DIRECTOR'S SIGNATURE Edw Koch and Son ADDRESS 3516 Lyndh

(Licensed Embalmer's Statement on Reverse Side)

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

Assist Vulcanizer

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 ——

....., Student Embalmer No. ——

working under my personal supervision.

Student .....
Student Embalmer

Signed Ronald O Yahnke

Licensed Embalmer No. 2917

P. O. Address St Louis

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.