

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 10557

12825

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY 620	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		N 6			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1221 Montclair Ave.				d. STREET ADDRESS (If rural, give location) 5 1221 Montclair Ave.				0	
3. NAME OF DECEASED (Type or Print) a. (First) William J. O'Donnell			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1949		
5. SEX M. <i>W</i>	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Dec. 7, 1875		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Letter Carrier		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. <i>U</i>		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Patrick O'Donnell			13b. MOTHER'S MAIDEN NAME Johanna Kavanaugh		14. NAME OF HUSBAND OR WIFE Mrs. Alice O'Donnell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Joseph O'Donnell, 1221 Montclair Ave.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ch. Hypertension Heart Disease</i>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ch. Hypertension</i>							
		DUE TO (c) <i>Cent. Bronchitis</i>						2 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <i>151</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>272X</i>					
22. I hereby certify that I attended the deceased from <i>year</i> , 19 <i>49</i> , to <i>49</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>Dec 5</i> , 19 <i>49</i> , and that death occurred at <i>9 am</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Gertrude J. Kohler's mo</i>				23b. ADDRESS <i>49672 Selman Blvd</i>		23c. DATE SIGNED <i>12/7/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 10, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE RECD BY DEC 8 1949 DEC 8 1949		REGISTRAR'S SIGNATURE <i>Jo B. Hasler</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Arthur J. Donnelly</i> 3840 Lindell Blvd.				

Handwritten mark

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 _____

W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.