

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34982

State File No. _____

FILED NOV 2 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 9279

1. PLACE OF DEATH a. COUNTY <u>St Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo.</u> <u>2109</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Anthonys Hospital.</u>		STREET ADDRESS (If rural, give location) <u>4278a Clarence Ave</u> <u>5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>J</u> c. (Last) <u>Donnelly.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct</u> <u>19</u> <u>51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan I 1911</u>	9. AGE (In years last birthday) (Months) (Days) <u>40</u>	IF UNDER 1 YEAR (House) (Mts.)	IF UNDER 2 WKS (House) (Mts.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis MO,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Joseph Donnelly</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Wellman</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Donnelly</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>World War #2</u>	16. SOCIAL SECURITY NO. <u>488-07-0807</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julia Donnelly 4278a Clarence Ave.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Periarteritis -</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H36X</u>
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22. I hereby certify that I attended the deceased from 10-9-1951 to 10-19-1951, that I last saw the deceased alive on 10-19-1951, and that death occurred at 6:12 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph E. Carney MD</u> (Degree or title)	23b. ADDRESS <u>906 Olive St</u>	23c. DATE SIGNED <u>10-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 23 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>OCT 22 1951</u>	REGISTRAR'S SIGNATURE <u>J. E. Carney MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stroot-Carroll 4600 Nat Bridge Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student Embalmer No.....

Signed.....

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No.....

3077

P. O. Address.....

St. Louis, Mo.

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.