

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3501

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Manchester
c. LENGTH OF STAY (in this place) 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN Webster Groves
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 424 Maelln Dr. 4007

3. NAME OF DECEASED
a. (First) ANDREW
b. (Middle) OF
c. (Last) O'DONNELL
4. DATE OF DEATH (Month) (Day) (Year) Jan. 23 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Sep. 6, 1867
9. AGE (in years last birthday) 87
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter (Retired)
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anthony O'Donnell
13b. MOTHER'S MAIDEN NAME Mary Ann Gallagher
14. NAME OF HUSBAND OR WIFE Late Jennie O'Donnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Eckert
ADDRESS 424 Maelln Dr.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac dilatation
ANTECEDENT CAUSES (b) Chronic Myocarditis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION _____
18b. MAJOR FINDINGS OF OPERATION _____
18c. INTERVAL BETWEEN ONSET AND DEATH 1 day
18d. INTERVAL BETWEEN ONSET AND DEATH 1 yr

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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-15, 1954, to 1-23, 1955, that I last saw the deceased alive on 1-21, 1955, and that death occurred at 9:10 Am., from the causes and on the date stated above.

23a. SIGNATURE (Deed or title) [Signature]
23b. ADDRESS Riverswood 12 mo
23c. DATE SIGNED 1/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 25, 1955
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 1-24-55
REGISTRAR'S SIGNATURE Herbert R. Domb, M.D.
FUNERAL DIRECTOR'S SIGNATURE Kriegshauser
ADDRESS 4228 S. Kingshighway Bl.

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *William B. White*

Licensed Embalmer No. *4291*

P. O. Address *4228 Lehigh*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.