

XC-1559130  
Reg. #11872  
SL #7652  
BIRTH NO. FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35039  
Registrar's No. 9427

REG. DIST. NO. 318  
PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 days</b>		e. STREET ADDRESS (If rural, give location) <b>20 2125a Salisbury</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>M.</b>	
c. (Last) <b>O'DONNELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 27, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/7/90</b>
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Glaser</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jacques O'Donnell</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Laughlin</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret O'Donnell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, St. Louis, Mo.</b>		ADDRESS	
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) <b>CEREBROVASCULAR ACCIDENT</b>  ANTECEDENT CAUSES DUE TO (b) <b>HYPERTENSIVE VASCULAR DISEASE</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) - - - - -  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> - - - - -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>447x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>10/22</b> , 1955, to <b>10/27</b> , 1955, and that death occurred at <b>2:30 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Phaelinger</i>		23b. ADDRESS <b>VAH, St. Louis, Mo.</b>	
23c. DATE SIGNED <b>10/27/55</b>		24a. FUNERAL, CREMATION, REMOVAL, OR BURIAL	
24b. DATE <b>10/29/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Calvary</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>	
DATE REC'D BY LOCAL REG. <b>OCT 28 1955</b>		ADDRESS <b>1619 So. Grand</b>	

**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 *James Bumbley*.....  
Licensed Embalmer No. *365*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.