

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3574

1. PLACE OF DEATH

County.....*Barnes Hosp.* Registration District No. 791
 Township.....*Barnes Hosp.* Primary Registration District No. 1000
 City *St. Louis, Mo.* to *Barnes Hosp.*

File No.
 Registered No. 1232
 St. Ward)

2. FULL NAME *McDonnell, RICHARD, EDWARD*

(a) Residence. No. 591 *Virginia St.* 12 Ward.
 (Usual place of abode) *McBride Brown* (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <i>Kathleen McDonnell</i>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Mar 31 1892</i>			
7. AGE	YEARS	MONTHS	DAYS
	<i>35</i>	<i>10</i>	<i>=</i>
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <i>Painter</i>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) *St. Louis, Mo.*

PARENTS	10. NAME OF FATHER <i>Thomas M. McDonnell</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) <i>Chicago, Ill.</i>
	12. MAIDEN NAME OF MOTHER <i>Margaret Weber</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) <i>St. Louis, Mo.</i>

14. INFORMANT *Thomas M. McDonnell*
 (Address) *593 Virginia Ave. Webster Groves*

15. FILED *Feb 2 1928*
Max C. Starostoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 31 1928*

17. I HEREBY CERTIFY, That I attended deceased from *1-26*, 19*28*, to *1-31*, 19*28*
 that I last saw him alive on *1-31*, 19*28*, and that death occurred, on the date stated above, at *10:35 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lung Abscession
Tubercular from defecation
cause unknown
10th (duration) yrs. *2* mos. da.
CONTRIBUTORY (SECONDARY) *Pneumonia, Bessaco*
 (duration) yrs. mos. *2* da.

18. WHERE THIS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? *No.* DATE OF

20. WAS THERE AN AUTOPSY? *Yes.*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical Autopsy*
 (Signed) *S. E. Neesche*, M. D.
 (Address) *Barnes Hospital.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary Cemetery* **DATE OF BURIAL** *2/3 1928*

20. UNDERTAKER *Croghan - 7146 Manchester* **ADDRESS**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

