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

Do not use this space.

12692

1. PLACE OF DEATH

County St Louis Mo — Registration District No. 791 — File No.

Township — Primary Registration District No. 700 — Registered No. 3227

City St Louis Mo (No. St Lukes Hosp. St. Ward)

2. FULL NAME Edmund M O'Donnell

(a) Residence. No. Ladue Road St., 12 Ward. St. Louis Co, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 - 1928

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	7	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Edmund A. O'Donnell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Florence Markham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Louis, Mo

14. INFORMANT Edmund A O'Donnell
(Address) La Due Road

15. FILED MAR 14 1929, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/4/29, 19, to 3/13/29, 19, that I last saw him alive on 3/13/29, 19, and that death occurred, on the date stated above, at 8.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcus Septicaemia
Erysipelas -

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Otitis media (acute) acute nephritis
Post nasal infection
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Ladue Rd West of Price Rd
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Blood cultures.
(Signed) [signature], M. D
, 19 (Address) 870 Hamilton.

*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	DATE OF BURIAL
Calvary Cem.	3-15-1929
20. UNDERTAKER	**ADDRESS**
Peetz Bros 3029	Laf. Ave.

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.