

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

Do not use this space.

28877

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond, Heights (No. St. Mary's Hospital)

Registration District No. 1170
Primary Registration District No. 624814

File No. _____
Registered No. 207
St. _____ Ward)

2. FULL NAME Patrick O'Donnell

(a) Residence No. Kirkwood, Mo. St. _____ Ward. _____
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridgett O'Donnell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 67 Unknown

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer City of Kirkwood, Mo.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Patrick O'Donnell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ireland

14. INFORMANT Bridgett O'Donnell (Address) Kirkwood, Mo.

15. FILED 8/15, 1929 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/13 1929

17. I HEREBY CERTIFY That I attended deceased from Aug 11, 1929, to Aug 13, 1929, and that I last saw him alive on Aug 13, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

meningitis

CONTRIBUTORY (SECONDARY) Abscess of Brain (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____ WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS _____ (Signed) C. L. Jensen M. D.

8/14, 1929 (Address) 202 Kirkwood Parkwood Mo

*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 St. Peter's Cemetery DATE OF BURIAL 8/16-1929

20. UNDERTAKER Louis H. Bopp ADDRESS Kirkwood, Mo.

K. E.—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.

28

15-2

1929

RECORD

