

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

Do not use this space.

7054

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4230 Red Bud Ave) St. _____ Ward _____

File No. _____
 Registered No. 1314
 St. _____ Ward _____

2. FULL NAME

John Francis O'Donnell
 (a) Residence No. 4230 Red Bud St. 10 Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 Elizabeth O'Donnell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 4 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Attorney 204
 (b) General nature of industry, business, or establishment in which employed (or employer) for city
 (c) Name of employer of St. Louis MO

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

10. NAME OF FATHER Michael O'Donnell

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

12. MAIDEN NAME OF MOTHER Mary Ryan

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

14. INFORMANT Mrs Elizabeth O'Donnell
 (Address) 4230 Red Bud Ave.

15. FILED FFB-2 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb 14, 1931, that I last saw him alive on Feb 1, 1931, and that death occurred, on the date stated above, at 1 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
H&B
130
1378 (duration) _____ yrs _____ mos 3 ds.

CONTRIBUTORY (SECONDARY) Auto hepatic carcinoma stomach
 (duration) _____ yrs _____ mos _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 4610
 IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Urea
 (Signed) Arthur Schulz, M. D.

1/2 .1931 (Address) 2202 University St
 *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 Springfield Ill DATE OF BURIAL 2/9 1931

20. UNDERTAKER Muller and Co ADDRESS Delmar Blvd.

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.

RECORD

