

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

Do not use this space.

11885

1. PLACE OF DEATH

County.....

Registration District No. *791*

Township.....

Primary Registration District No. *1008*

City *St. Louis* (No. *1025 Veronica Ave.*)

File No. *3126*
Registered No. *3126*
St. Ward)

2. FULL NAME

Lavinia O'Donnell

(a) Residence. No. *1025 Veronica St.* *8* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 14 - 1853*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<i>77</i>	<i>4</i>	<i>25</i>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housework*
(b) General nature of industry, business, or establishment in which employed (or employer) *111*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Ireland* (STATE OR COUNTRY) *15*

PARENTS

10. NAME OF FATHER *James O'Donnell*

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

12. MAIDEN NAME OF MOTHER *Louise McGeath*

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

14. INFORMANT *H. Fred Ludwig* (Address) *1025 Veronica Ave.*

15. FILED *103* *Mar 21 1931* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 9 1931*

17. I HEREBY CERTIFY, That I attended deceased from *3/7/31* 19 to *3/9/31* 19 that I last saw her alive on *3/9/31* 19, and that death occurred, on the date stated above, at *400 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis acuta
73A
111B

(duration) yrs. mos. *5* ds.

CONTRIBUTORY *Pulmonary congestion* (SECONDARY) (duration) yrs. mos. *2* ds.

18. WHERE WAS DISEASE CONTRACTED *9500* IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *H. F. Ludwig* M. D. *3/10 1931* (Address) *8321 N. Brady*

*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 *Bakery* DATE OF BURIAL *3/12 1931*

20. UNDERTAKER *Mullen and Co* ADDRESS *3765 Delmar*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

