

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

Do not use this space.

37134
File No. _____
Registered No. **9744**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. **F**
City **St. Louis Mo.** (No. **2130**) **Oregon Av.**

2. FULL NAME

Cornelius O'Donnell
(a) Residence, No. **2130 Oregon Av** **23** Ward. (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 Emily O'Donnell		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1874		
7. AGE YEARS 58	MONTHS 1	DAYS 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. '73		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri		
13. NAME Unknown O'Donnell		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
17. INFORMANT Mrs Mary O'Donnell (ADDRESS) 2130 Oregon Av.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov. 5 19 32		
19. UNDERTAKER E. J. Schma (ADDRESS) 3125 Lafayette Av.		
20. FILED CV - 3 1932-19		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 2** 19**32**
22. **NO** I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **1:30** p.m.
The principal cause of death and related causes of importance were as follows:
93C
Chronic Myocarditis
Date of onset _____
Other contributory causes of importance: **(7)**
93C
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **No**
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury? _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **E. J. Schma** M.D.
(Address) **3125 Lafayette Av.**

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.

WHITE PAPER, WITH WRAPPING INVA--THIS IS A PERMANENT RECORD

Registrar. **1932**

