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

Do not use this space.

7491

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1008 Registered No. 1446

City St. Louis, (No. 5411a Arsenal St. St. ..... Ward)

2. FULL NAME Virginia May O'Donnell

(a) Residence, No. 5411a Arsenal St. St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1933.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

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, Mo.

FATHER

13. NAME Nobert O'Donnell.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, N.Y.

MOTHER

15. MAIDEN NAME Bessie Martin.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandin, Mo.

17. INFORMANT (ADDRESS) Norbert O'Donnell 5411a Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL North
PLACE St. John's Cem. DATE Feb. 11, 1933.

19. UNDERTAKER (ADDRESS) J. H. Gebken L & Co. 2842 Meramec St.

20. FILED FEB 11 1933 Mar C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to Feb 10, 1933

I last saw her alive on Feb - 10, 1933. Death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

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Other contributory causes of importance:

marasmus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J H Coats, M. D.

(Address) 2608 Skinner Highway

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

MARGIN RESERVED FOR BINDING

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.

U. S. No. 2