

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis, Missouri. Registration District No. 1123
 Township Wendell Primary Registration District No. 6248B File No. 21022
 City Jefferson Barracks, Mo. Veterans Administration Facility. Registered No. 196
 St. _____ Ward _____

2. FULL NAME McDONNELL, Leo G.

(a) Residence, No. 4156 Natural Bridge, St. Louis, Mo. Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred Un yrs. kn mos. OWN 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>SINGLE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18, 1900</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>7</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Deputy Marshall</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>City Hall, St. Louis, Mo.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 10, 1933</u>	11. Total time (years) spent in this occupation <u>Abt. 2 wks.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri.</u>		
FATHER	13. NAME <u>Michael J. McDonnell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Annie Casey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri.</u>	
17. INFORMANT <u>C. H. SMITH, M.D., Clinical Dir.</u> (ADDRESS) <u>Vet. Adm. Fac. Jeff. Brks., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>June 20, 1933</u>		
19. UNDERTAKER <u>John P. Collins & Pro</u> (ADDRESS) <u>928 1/2 Grand Blvd</u>		
20. FILED <u>June 17, 1933</u> <u>L. O. O'Brien M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to June 17, 1933

I last saw him alive on June 17, 1933. Death is said

to have occurred on the date stated above, at 10:16 AM

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

Acute Meningitis, serosa

Date of onset
Unk.

Other contributory causes of importance:

Alcoholism

Unk.

Name of operation _____ Date of _____
Clinical physical laboratory
 What test confirmed diagnosis? _____ Was there an autopsy? No
Findings.

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) W. E. GIBSON, M. D., Manager, M. D.
Vet. Adm. Fac. Jeff. Brks., Mo.
 (Address) _____

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

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.

