

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.

JAN 26 1934

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

Do not use this space.

42182

1. PLACE OF DEATH

County St. Louis Mo Registration District No. **791**
Township St. Louis Mo Primary Registration District No. **1003**
City St. Louis Mo (No. 3920 Sullivan)

File No. _____
Registered No. 11256
St. _____ Ward _____

2. FULL NAME

Bradjet McDonnell
(a) Residence, No. 3920 Sullivan 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1853
7. AGE YEARS 80 MONTHS 7 DAYS 68 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Data 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) Ireland

13. NAME Christ McDonnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Anna Boherty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Katherine Wall (ADDRESS) 3920 Sullivan

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Jan 2 1934

19. UNDERTAKER Woot & Carroll (ADDRESS) 4600 Nat Ind ga

20. FILED DEC 30 1933 J. P. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Dec 30, 1933
I last saw her alive on Dec 30, 1933. Death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
930
97
Other contributory causes of importance:
Atherosclerosis
Date of onset 12-25-1932

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? No
If so, specify _____
(Signed) W. Bennett Burns M. D.
(Address) 3802 N. Grand Blvd

