OCT 21 1936

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

Do not use this space.

35503

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Vert Tree — Primary Registration District No. 6033a — Registered No. 356
City Clayton (No. St Louis County Hospital St. Ward)

2. FULL NAME Virginia Lee Donnell

(a) Residence, No. St., 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 Fem
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Premature New born (Wt 2 lb 4 oz.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-13-36

7. AGE YEARS 1 hour + 30 min — MONTHS — DAYS — If LESS than 1 day, 1 hrs. ~~of~~ 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Clayton Mo

FATHER
13. NAME Donnell Donnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo

MOTHER
15. MAIDEN NAME Mary Mosley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Miss

17. INFORMANT (ADDRESS) Mrs Donnell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 9/16/36, 19

19. UNDERTAKER (ADDRESS) W. S. Wade Und. Co., 4202 Finney Ave.

20. FILED Sept 15, 1936 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1936, to 9-13, 1936
I last saw her alive on 9-13, 1936 Death is said to have occurred on the date stated above, at 1 55 A m.
The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

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) Wm. A. Stephens, M. D.
(Address) St Louis County Hospital

MARGIN RESERVED FOR BINDING

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.

U.S. No. 2