

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township 1008 Primary Registration District No. _____
City St. Louis, Mo. (No. 1423a N. Park Pl.) St. _____ Ward _____

File No. 28852
Registered No. 7485

2. FULL NAME

Michael O'Donnell
(a) Residence, No. 1423a N. Park Pl. St. 26 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 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 Rose Marie Hoffman O'Donnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>59</u>	<u>58</u>	<u>8</u>	<u>11</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ass't Sup't of W. P. A.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Concrete Dep't
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. _____

12. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

MOTHER FATHER
13. NAME Patrick O'Donnell

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Rose Marie O'Donnell
(ADDRESS) 1423a N. Park Pl.

18. BURIAL, CREMATION, OR REMOVAL Calvary
PLACE _____ DATE 8-10-37

19. UNDERTAKER Stroot Carroll Undertaking Co.
(ADDRESS) 4600 Nat'l Bridge Ave.

20. AUG 7 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937, to Aug 6, 1937

I last saw him alive on Aug 6, 1937. Death is said

to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

capillary Bronchitis
1 bronch. Transm.

Date of onset

Other contributory causes of importance:

Chrom. Epiphysema post T. B.

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? No

If so, specify _____ (Signed) Chas. C. Ottensbech, M. D.

(Address) 1509 Bremen St.

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.

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