

REC'D JUL 12 1938

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

20110

Do not use this space.

5249

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City..... (d) Street No. 4432 Strodtman Pl. St. 9  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791Primary Registration District No. 1008

Registered No.

**2. PRINT FULL NAME** Walter L. O'Donnell,

(a) Residence, No. 4432 Sprodtman Pl. St. 9  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> Male	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> Single,		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Aug. 11, 1911</u>				
<b>7. AGE</b>	<b>YEARS</b> 26	<b>MONTHS</b> 9	<b>DAYS</b> 26	<b>IF LESS than 1 day, .....hrs. or .....min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.</b> <u>At Home.</u>			
	<b>9. Industry or business in which work was done, as saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>St. Louis, Mo.</u> <u>0</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>James O'Donnell,</u> <u>0</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Missouri.</u> <u>1</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Alice McHugh,</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Cincinnati,</u> <u>Ohio.</u>			
<b>17. INFORMANT (ADDRESS)</b> <u>Alice O'Donnell,</u> <u>4432 Strodtman Pl.</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b>				
PLACE <u>Calvary</u> DATE <u>6/10/1938,</u>				
<b>19. FUNERAL DIRECTOR (ADDRESS)</b> <u>W. A. Stock Und. Co.,</u> <u>2117 E. Grand Blvd.</u>				
<b>20. FILED</b> JUN 9 1938 <u>J. P. Brubaker</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 7, 1938

**22. I HEREBY CERTIFY**, That I attended deceased from May 3, 1938, to June 7, 1938  
 I last saw him alive on June 7, 1938 Death is said to have occurred on the date stated above, at 4:45 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis (see 1937) Date of onset June 1937

Other contributory causes of importance:  
Osteoarthritis

Name of operation..... Date of.....  
 What test confirmed diagnosis? Sputum 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) Chas. G. Just, M. D.  
 (Address) 3500 N. Grand

Dr. Charles J. J. J.  
3500 W. Grand  
Franklin 4474  
1-3

STATEMENT BY LICENSED EMBALMER

I, William A. Strick, Licensed Embalmer No. 3588

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by.....Registered Apprentice No.....  
working under my personal supervision.

Signed William A. Strick  
Licensed Embalmer No. 3588

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)