

MAR 6 1939

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

12329
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township _____ Primary Registration District No. _____ Registered No. 406

(c) City or Robertson (d) Street No. Route #1 Robertson, Mo St. _____
(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.

2. PRINT FULL NAME Edward P. Donnelly

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

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 Lucy E. Donnelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 14, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
65 19 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steel Chipper

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5 - 1939, to Mar. 6, 1939

I last saw him... alive on Mar. 6 - 1939. Death is said to have occurred on the date stated above, at 8 A. m.

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

Date of onset 3-3-39

Other contributory causes of importance:
San. Group: Family History 3-27-38

Name of operation None Date of _____

What test confirmed diagnosis? Clemaq 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 _____
(Address) Ray A. Kalliter, M. D. 2438 Woodson Rd. Overland, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville Ky.

13. NAME Michael Donnelly

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

15. MAIDEN NAME Mary Duffy

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

17. INFORMANT (ADDRESS) Mrs. Lucy E. Donnelly, Route #1, Robertson, Mo.

18. BURIAL (CREMATION, OR REMOVAL) PLACE Central Cem. DATE 3/8/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly, 3840 Lindell Blvd., St. Louis, Mo.

20. FILED MAR 6 1939 Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *William Watre*

Licensed Embalmer No. *2825*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.