

REC'D JUN 12 1939

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

17284  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No. **4818**  
(c) City St. Louis. or (d) Street No. City Hospital. 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 Joseph P. McDonnell.

(a) Residence, No. 1316 No. Union Blvd. St. 6  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen McDonnell.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
71 Unknown Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Police Officer.  
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) Mo.FATHER 13. NAME James P. McDonnell.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.MOTHER 15. MAIDEN NAME Ann Alred.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Louis T. McDonnell.  
(ADDRESS) 1316 No. Union Blvd.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5-29-39, 1919. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly  
(ADDRESS) 3840 Lindell Blvd.20. FILED MAY 27 1939  
J. P. Brubaker  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1939, to May 26, 1939  
I last saw h. alive on May 26, 1939. Death is said to have occurred on the date stated above, at 11.00 A.M.  
The principal cause of death and related causes of importance were as follows:

Art. - Incl. Heart Disease  
Congestive Heart Failure  
D. Sabeta Mellitus

Date of onset

Other contributory causes of importance: Generalized Arterio Sclerosis

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? Mr.  
If so, specify.....  
(Signed) Robert G. Farrell, M. D.  
(Address) 1224 M. Union

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.

Dr Fowell  
624 N. American St.

**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 Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Randall

**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.**