DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28010

Registration District No. 4 SEP 14 1939 Primary Registration District No. Registrar's No. 7510

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1160 Howell St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 8

(d) Street No. 1160 Howell (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charlotte M. O'Donnell 354

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward L. O'Donnell

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 7, 1887 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	1	22	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At home 0

11. Industry or business 0

FATHER
12. Name Charles Hebrank 0
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Ruegg
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed L. O'Donnell

(b) Address 1160 Howell St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1-39 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 31 1939 (Date received local registrar) (b) J. F. Baldock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29 year 39 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-3-, 1939 to 8-29-, 1939 that I last saw her alive on 8-29-, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	8-18-39
Due to Chlecystectomy	7-24-39
Due to Thrombosis of Deep Veins of Falling Operation	8-5-39
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Gall Stones	
Of autopsy no	

PHYSICIAN — Underline the cause to which death should be charged statistically

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place) ✓

While at work? (e) Means of injury

23. Signature Roy Johnson (M. D. or other)

Address Ferguson Mo Date signed 8-30-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 Leonard Hamilton

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair ave

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.