S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 682
682

Registration District No. 791

Primary Registration District No.

Registrar's No.

FILED FEB 17 1940

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

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

(d) Street No. 5829 Enright Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Donnelly 54C

3. (b) If veteran, name war None

3. (c) Social Security No. 702-10-0107

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ingeborg

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan. 13 (Month) 1881 (Day) (Year)

8. AGE: Years 59 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Covington, (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Freight Clerk

11. Industry or business M.K.T. Railroad

FATHER
12. Name George Donnelly
13. Birthplace London (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Mary Roach
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Marvin Donnelly
(b) Address 722 Hamilton Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation Covington, Ky.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JAN 23 1940 (Date received by local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JAN day 22 year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1940, to Jan 22, 1940; that I last saw him alive on Jan 22, 1940; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pneumonia, lobar | 7 da. |
| Due to Type III | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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

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 [signature] (M. D. or other)
Address 403 Center Bldg. Date signed 1-23-40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Albert E. Hoffer

Licensed Embalmer No. 2971

P. O. Address .....

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

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