

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.

FILED MAY 8 1940

Registration District No. 840

Primary Registration District No. 1A

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 45 years

8. (a) PRINT FULL NAME MARY MARGARET McDONNELL
8. (b) If veteran, name war —
8. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife of Andrew McDonnell 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased JULY-4-1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 22 — hr. — min.

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

10. Usual occupation at Home

11. Industry or business —

12. Name Jiegler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Andrew McDonnell

(b) Address 48 Moody Ave Webster Groves

17. (a) BURIAL (b) Date thereof Apr 27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co.

(b) Address Webster Groves Mo.

19. (a) APR 27 1940 (b) J. R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 48 Moody Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? 50 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 26
year 1940 hour 7:30 A. minute — M.
21. I hereby certify that I attended the deceased from Feb. 1938, to Apr. 26 1940
that I last saw her alive on Apr. 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 yrs.

Due to —

Due to —

Other condition Generalized arteriosclerosis
(Include pregnancy within 3 months of death) Right Parotitis 5 days

Major findings:
Of operations —
Of autopsy —

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? —

While at work? (Specify type of place) (e) Means of injury —

23. Signature S. J. Vallman (M. D. or other) MD
Address St. W. Big Bend Rd, Webster Groves Date signed 4/27/40

4423

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 *Orvin B Long*

Licensed Embalmer No. *1581*

P. O. Address *Webster Grove*

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.

o. 2B
-21-40
K222399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 16111
Registrar's No. 826

Registration District No. 184

Primary Registration District No. 117

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rich. Hts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Mary M. Mc Donnell

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased..... (Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 4-27-40 (b)..... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 26 year 40 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to..... 44C³
Due to..... Gen. Arteriosclerosis

Other conditions..... Ch. Parotitis 5 da
(Include pregnancy within 3 months of death)

Major findings: Of operations..... Infectious Parotitis
Of autopsy..... mumps
PHYSICIAN [Signature]
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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature C. J. Hollmer (M. D. or other).....
Address 55 W. Pine Blvd Date signed.....

SUPPLEMENTARY

ms

