No. 2
1-13-40
17-39
X23159

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. 40576

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10347

1. PLACE OF DEATH:
(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1402 Pendleton Ave. 11
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harry G. Donnelly
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife Celine Donnelly
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July 20th., 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	4	25	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Gardner
11. Industry or business
MOTHER FATHER
12. Name George Donnelly
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name Julia Lynch
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Celine Donnelly
(b) Address 1402 Pendleton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) DEC 17 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th., year 1940 hour 3 minute 45 a. M.
21. I hereby certify that I attended the deceased from Dec. 13th, 1940, 19..., to Dec. 15th, 1940; that I last saw him alive on Dec. 14th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
1) cirrhosis of liver — ?
2) active hemorrhage from gi. tract
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations cirrhotic liver
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature William Seager M.D. (M. D. or other)
Address 5669 Delmar Blvd. Date signed 12-16-40

(Licensed Embalmer's Statement on Reverse Side)

5669 Delmar Blvd. Ca. 7778

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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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

If this body is not embalmed, fact should be so stated above.