No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5197

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 1445

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

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7
9

1. PLACE OF DEATH:

(a) County .....

(b) City or town St Louis, Mo. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1024 Eichelberger 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 1715
(If outside city or town limits, write "RURAL")

(d) Street No. 1024 Eichelberger
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 00 years.

3. (a) PRINT FULL NAME MARGARET O'DONNELL

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

4. Sex Female 5. Color or race White 6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April 6 to 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days — If less than one day ..... hr. ..... min.

9. Birthplace Youngstown, Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Welsch
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Carr
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter McKenna
(b) Address 1024 Eichelberger

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2-14-41
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director John P. Collins & Bro
(b) Address 928 W Grand

19. (a) FEB 13 1941 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10th
year 1941 hour 12 minute 45 M.

21. I hereby certify that I attended the deceased from Sept 14 1936, to 2-10 1941
that I last saw her alive on 2-10-41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to .....

Due to .....

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy .....

Duration
>
1

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 Joseph L Ferrero (M. D. ~~or other~~)
Address 4065 Do Good Date signed 2/12/41

(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.....

Licensed Embalmer No. 1861

P. O. Address.....

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.