V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8909

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2181

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3645 HICKORY ST (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 18 000 17 9

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

(d) Street No. 3645 HICKORY ST (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME THOMAS McDONNELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, ~~widowed, married~~, ~~divorced~~ SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPTEMBER 26 1887 (Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name MICHAEL McDONNELL
13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NORA ANGLIN
15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant Nora McDonnell 1

(b) Address 3645 Hickory St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 11 1942 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette av

19. (a) MAR 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8th year 1942 hour 11 minute 50 M.

21. I hereby certify that I attended the deceased from Mar. 8th 1942, to till death 3-8, 1942, that I last saw him alive on Mar., 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Lung Gangrene

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no —

Of autopsy non

Duration

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 O. E. Smith (M. D. or other) 0

Address 4103 W. Pine Date signed 3-9-42

(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~~.....

.....Jos B Wollmer....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Jos B Wollmer.....

Licensed Embalmer No.....4014.....

P. O. Address.....3125 Lafayette 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, fact should be so stated above.