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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19881

Registration District No. 791 | Primary Registration District No. 100 | Registrar's No. 5168

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:
4524a Manchester Ave. /
(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 DEACESED: 000

(a) State Mo. (b) County 17 18 9

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

(d) Street No. 4524 a Manchester
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William O'Donnell

3. (b) If veteran, name war no.

3. (c) Social Security No. 494-09-6553

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mabel O'Donnell

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

7. Birth date of deceased Jan. (Month) 8 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
51	5	6	hr. min.

9. Birthplace Arcadia Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Hussman Legonier Mfg. Co

FATHER
12. Name Patrick O'Donnell
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Cox
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mabel O'Donnell
(b) Address 4524 a Manchester Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 S. Kingshighway Blvd.

19. (a) JUN 15 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
year 1942 hour 9:00 minute A.M.

21. I hereby certify that I attended the deceased from March
March, 1944, to June 14, 1942
that I last saw him alive on June 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure from tumor of left lung, probably cancer.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 Wm. R. Nye (M. D. or other)
Address 2931 Gravois Ave. Date signed 6/14/42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin N. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.