S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33398

Registration District No. 218 Primary Registration District No. 1803 Registrar's No. 9180

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: JOSEPHINE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WEEKS (Specify whether
In this community 57 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS
(c) City or town WELLSTON
(If outside city or town limits, write "RURAL")
(d) Street No. 2800 NORMANDY DRIVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SISTER M. VICTOR (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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 19, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	4	29	hr. min.

9. Birthplace IRELAND (City, town, or county) (State or foreign country)
10. Usual occupation RELIGIOUS
11. Industry or business

FATHER
12. Name UNKNOWN O'DONNELL
13. Birthplace IRELAND (City, town, or county) (State or foreign country)

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

16. (a) Informant SISTER M. MADELEINE
(b) Address 2800 NORMANDY DRIVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation INCARNATE WORD CEMT.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) OCT 19 1943 (Date received local registrar) J. J. Bredech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1943 hour 10 minute 05 A.M.
21. I hereby certify that I attended the deceased from Sept 4 1943, 19.., to Oct 18 1943, 19.., that I last saw h.. alive on Oct 17 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion
Asthmatic Collapse
Due to Frailty of Age
Right Thigh Fracture
Due to Fall in bath room

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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) Fracture R Hip Accident
(b) Date of occurrence Sept 4 1943 8 PM
(c) Where did injury occur? Home Normandy Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work (e) Means of injury Fall

23. Signature [illegible] (M.D. or other) MD
Address 3115 S. Grand Date signed 10/18/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Perry
Coroneda Office
OK

3115 [illegible]

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.