

FILED APR 3 1944

State File No. \_\_\_\_\_  
Registrar's No. 2894

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1834a North 18th Street, /  
(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)

3. (a) PRINT FULL NAME Ellen F. 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 John F. O'Donnell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 17th 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 7 11 hr. \_\_\_\_\_ min.

9. Birthplace New Orleans, La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Bartholomew Tierney  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Agnes Flincy  
15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Gass  
(b) Address 6367 Sutherland Avenue  
17. (a) burial (b) Date thereof 3-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers  
(b) Address 2849 North Euclid Avenue

19. (a) MAR 28 1944 J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19  
(c) City or town St. Louis 9 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1834a North 18th St.,  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th  
year 1944 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from March 21, 1944 to March 28, 1944  
that I last saw her alive on March 27, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis and Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations \_\_\_\_\_  
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) (Specify means of injury)

23. Signature Edw. J. ... (M. D. or other) mso  
Address 1901 Madison St. Date signed 3/28/44

Dr. Jost

19th & Madison

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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 Albert Mayfield

Licensed Embalmer No. # 3077

P. O. Address St. Louis, Missouri

**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.**