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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 2 1945

State File No. 31825

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9115

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 616 Easte Gate Ave. 5 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward J.Donnelly

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

4. Sex 0 M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1

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

7. Birth date of deceased March 26th.,1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 25 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Maintenance Man
11. Industry or business McArthur Bridge

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

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

16. (a) Informant Miss Florence Donnelly 1
(b) Address 5168a Easton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) OCT 22 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21st., year 1945 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1945, to Oct 21, 1945; that I last saw him alive on Oct 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation — Duration 6 Hrs
Due to Chr. myocarditis — 1 yr.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93
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? (Specify type of place)
While at work? Means of injury

23. Signature L. J. Meller (M. D. or other)
Address 414 W Florissant Date signed Oct 22 45

(Licensed Embalmer's Statement on Reverse Side)

41149 N. Florissant Ave.

502783

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.