

#35496
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
100

State File No. **11507**
Registrar's No. **2900**

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:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 Mo.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME..... BRIDGET 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 WIDOWED
6. (b) Name of husband or wife PATRICK J. 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... MAY 10 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 16 If less than one day hr. min.

9. Birthplace..... IRELAND ID
(City, town, or county) (State or foreign country)

10. Usual occupation..... House WIFE

11. Industry or business.....

MOTHER FATHER
12. Name..... MICHAEL McINERNEY
13. Birthplace..... IRELAND Y
(City, town, or county) (State or foreign country)
14. Maiden name..... ATTY SWERY
15. Birthplace..... IRELAND Y
(City, town, or county) (State or foreign country)

16. (a) Informant..... Andrew J. McInerney
(b) Address..... 5846 Pacific

17. (a) BURIAL (b) Date thereof..... MAR 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... St. Peter's Rirkwood

18. (a) Signature of funeral director..... William Kelly

(b) Address..... 4386 Lindell

19. (a) MAR 28 1946 (Date received local registrar) (b) J. F. Budzek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo (b) County..... St. Louis
(c) City or town..... St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So GRAND
(If rural, give location)
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... March day..... 26th
year..... 1946 hour..... 11:45 minute..... A M.
21. I hereby certify that I attended the deceased from..... 2/25/46
..... 19..... to..... 3/26/46 19.....
that I last saw her alive on..... 3/26/46 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma colon & metastases.
Due to.....
Due to.....

Other conditions..... None
(Include pregnancy within 3 months of death)
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?..... George Parker (Specify type of place) (c) Manner of injury
23. Signature..... 1515 Lafayette (M.D.)
Address..... 3/26/46 Date signed

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

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 *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.