

FILED MAY 31 1946

1003

Registrar's No. 3698

Registration District No. Primary Registration District No.

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 ds.
In this community 67 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4251a Mc. Ree Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

LOUISE O'DONNELL

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

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, married, divorced Wid ✓

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

7. Birth date of deceased November 6 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 16 hr. min.

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

10. Usual occupation Houskeeper

11. Industry or business

12. Name not given

13. Birthplace not given 9
(City, town, or county) (State or foreign country)

14. Maiden name not given

15. Birthplace not given 9
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A Singler

(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof April 24 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD S.S. Peter Pauls

18. (a) Signature of funeral director E. J. Schurer

(b) Address 3125 Lafayette Ave

19. (a) APR 22 1946 (b) J. F. Bredbeck
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1946 hour 4.00 minute A M.

21. I hereby certify that I attended the deceased from March 25 to Apr. 22 1946
that I last saw her alive on March Apr. 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
General Arteriosclerosis

Duration
3/26/46
3/26/46

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 85

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) (c) Means of injury

23. Signature Jack R. Singler (M.D. or other) 4/22/46
Address 5400 Arsenal Date signed

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

15075

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

jos B Vollmer

Licensed Embalmer No. *4014*

P. O. Address *St Louis 4, Mo*

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.