No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3392

Registration District No. 317 Primary Registration District No. 3869 Registrar's No. 184

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6111 Emma
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Donnelly
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Evelyn F. Donnelly
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May (Month) 13th (Day) 1895 (Year)

8. AGE: Years 51 Months 8 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Liggett Meyers Tob. Co.
MOTHER FATHER
12. Name MARTIN DONNELLY
13. Birthplace (City, town, or county) Ireland (State or foreign country)
14. Maiden name FRANCES CONNOR
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant MRS. Evelyn F. Donnelly
(b) Address 6111 Emma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-47 (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) 1-27-47 (Date received local registrar) (b) [illegible] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 23rd year 1947 hour 5 minute 40 P.M.
21. I hereby certify that I attended the deceased from August 15, 1946, to Jan. 23, 1947 that I last saw him alive on Jan 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Reticulum Cell Sarcoma of Spleen with metastases to lymph nodes & stomach — Uncertain
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Confirmed diagnosis given above

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? (e) Means of injury

23. Signature F. D. Brown (M. D. or other) MD
Address 1325 S Grand Date signed 1/25

(Licensed Embalmer's Statement on Reverse Side)

Desloge Hosp. 10:30-11

FEB 13 1947

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.