No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28982

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7785

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Festus 3 (If outside city or town limits, write "RURAL")
(d) Street N. R. 1 (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse F. Donnell
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bonnie Gullick Donnell
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased September (Month) 10 (Day) 1868 (Year)

8. AGE: Years 78 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Hematite (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Physician
11. Industry or business
FATHER
12. Name Eli F. Donnell
13. Birthplace Rush Tower (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Cynthia L. England
15. Birthplace Plattin (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. J. F. Donnell
(b) Address Festus, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 15 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1947 hour 12 minute 25 A. M.
21. I hereby certify that I attended the deceased from last 10 yrs, 19, to, 19; that I last saw him alive on Aug 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	4 days
Due to: arterio sclerosis	
Due to: age	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Chas W Miller (M. D. or other)
Address 408 Humboldt Date signed 8/15/47.

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 8 1954

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address.....

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.