

FILED JAN 21 1949

Registration District No. 577

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42738

Primary Registration District No. 3063

Registrar's No. 2981

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution MO. 4 DAYS
(Specify whether years, months or days)
 In this community 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
 (c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
 (d) Street No. 7715 Big Bend
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JULIUS C. Mc DONNELL

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID.
 6. (b) Name of husband or wife ADELINE 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JAN. 19 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 13 hr. _____ min.

9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business _____

12. Name JOHN Mc DONNELL

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

14. Maiden name JULIA CHENOT

15. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis County Hosp

(b) Address CLAYTON, MO.

17. (a) BURIAL (b) Date thereof 12-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Coughan

(b) Address 2146 Maple Street

19. (a) 12-28-48 (b) Charles J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 26
 year 1948 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from NOV. 22, 1948, to DEC. 26, 1948,
 that I last saw him alive on DEC. 26, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic lymphatic leukemia Duration 34 days
 Due to 1860
 Due to 18

Other conditions Benign prostatic hypertrophy
(Include pregnancy within 1 month of death)
Inter-vertebral prol. of disc

Major findings: as above PHYSICIAN _____
 Of operations _____
 Of autopsy 9:00 PM
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) accident
 (b) Date of occurrence 11/22/48
 (c) Where did injury occur? Home
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
7715 Big Bend
(Specify type of place)
 While at work? _____ (e) Means of injury FALL
 23. Signature John J. [Signature] (M. D. or other) _____
 Address 605 B. [Signature] Date signed 12/27/48

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

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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.....

Licensed Embalmer No. *4053*

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.