S. No. 300
Rev. 10-48

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21768

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5835

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 5-17-50 6-26-50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CITY INFIRMARY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2139
d. STREET ADDRESS (If rural, give location) 5800 Arsenal Street.

3. NAME OF DECEASED (Type or Print)
a. (First) MARGARET
b. (Middle)
c. (Last) MCDONELL

4. DATE OF DEATH (Month) 6 (Day) 26 (Year) 1950

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Oct. 19 ~~1861~~ 1865
9. AGE (In years last birthday) ~~88~~ 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOSPITAL
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Alexandria, Virginia
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME MICHAEL FLYNN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE JOSEPH McDONELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Joseph McDonell — ADDRESS Chase Hotel

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Corr. by aff. July 2, 1950 [signature]

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* June 17, 1950, *to* June 26, 1950, *that I last saw the deceased alive on* June 26, 1950, *and that death occurred at* 11:45AM *m., from the causes and on the date stated above.*

23a. SIGNATURE Cletus L Krag M.D.O. (Degree or title)
23b. ADDRESS 5600 Arsenal, St Louis
23c. DATE SIGNED 5 July 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JULY 7th 1950
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
24d. LOCATION (City, town, or county) ST. LOUIS, (State) MO

DATE REC'D BY LOCAL REG. JUL 6 1950
REGISTRAR'S SIGNATURE J B Sasaler
25. FUNERAL DIRECTOR'S SIGNATURE L. MULLEN UND CO. ADDRESS 5165 DELMAR BL

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 3384

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 21768-50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5835

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Margaret McDonell died ~~xxxx~~ 6-26-1950, 19...., in the State of Missouri, and which was filed at ..... on 10 ....., 19...., should be corrected as follows:

Item No. 8 should read October 1-1865
Instead of 1861

Item No. 9 should read Age 84
Instead of Age 88

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant [signature] Fun. Dir.
Relationship.

5165 Delmar
Present Address.

Subscribed and sworn to before me this 14 day of July 1950 ~~194~~

My Commission expires 3-4-53

[signature] Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
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