No. 300
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REG.# 88089

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35780

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2433

1. PLACE OF DEATH
a. COUNTY: ST.LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF.BRKS,MO.
c. LENGTH OF STAY (in this place): 39 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 2960
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST.LOUIS
d. STREET ADDRESS (If rural, give location): 1222 NORTH EIGHTH ST., APT. B

3. NAME OF DECEASED (Type or Print)
a. (First): MAURICE
b. (Middle):
c. (Last): O'DONNELL

4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 50

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-19-92
9. AGE (In years last birthday): 58 — 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): Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): MASSACHUSETTS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: PETER O'DONNELL
13b. MOTHER'S MAIDEN NAME: ANNIE DUGAN
14. NAME OF HUSBAND OR WIFE: HATTIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 489-07-8752
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF.BRKS,MO.

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.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CEREBRAL THROMBOSIS	12 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ARTERIOSCLEROSIS-GENERAL	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	CHRONIC PYELONEPHRITIS-UREMIA CIRRHOSIS OF LIVER(LAENNEC'S)	? 1 Yr.

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): 332-K
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-2-50, 19__, *to* 10-9-50, 19__, ~~that I last saw the deceased~~ ~~[illegible]~~, *and that death occurred at* 7.30a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title): M. D. 0
23b. ADDRESS: VA HOSPITAL,JEFF.BRKS,MO.
23c. DATE SIGNED: 10-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: October 12,1950
24c. NAME OF CEMETERY OR CREMATORY: NAT'L. CEMETERY,JEFF.
24d. LOCATION (City, town, or county) (State): BARRACKS,MO.

DATE REC'D BY LOCAL REG.: OCT 10 1950
REGISTRAR'S SIGNATURE: H R Domke M D/mh
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C.HOFFMEISTER U&L CO.,St.Louis,Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Louis C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadwa

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.