

FILED JAN 15 1951

STANDARD CERTIFICATE OF DEATH

42179

State File No. 11071  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 4002		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (In this place) 2-Weeks	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 10 3605a Clarence Ave.				0		
3. NAME OF DECEASED (Type or Print) Henry			a. (First)		b. (Middle) N.		c. (Last) Donnelly			
4. DATE OF DEATH Dec 24, 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH May 3, 1884		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR 7 21 Days	IF UNDER 24 HRS. Hours Min.	
5. SEX M.			6. COLOR OR RACE W.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman-Public Company				10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.						
13a. FATHER'S NAME Unknown Donnelly			13b. MOTHER'S MAIDEN NAME Annie Manion			14. NAME OF HUSBAND OR WIFE Mrs. Catherine Donnelly				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Edward C. Donnelly, 4940 Nottingham Ave.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)										
<b>MEDICAL CERTIFICATION</b>										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>										
INTERVAL BETWEEN ONSET AND DEATH <u>4 MONTHS?</u>										
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.										
ANTECEDENT CAUSES										
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										
DUE TO (b) _____										
DUE TO (c) _____										
II. OTHER SIGNIFICANT CONDITIONS										
Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION 12/7/50		19b. MAJOR FINDINGS OF OPERATION Bronchoscopy Confirmed diagnosis						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X						
22. I hereby certify that I attended the deceased from <u>12/4</u> , 19 <u>50</u> , to <u>12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/23</u> , 19 <u>50</u> , and that death occurred at <u>11 a.</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>James L. M... M.D.</u>				23b. ADDRESS <u>6347 Grand Blvd</u>				23c. DATE SIGNED <u>12/26/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. DEC 26 1950		REGISTRAR'S SIGNATURE <u>J. B. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Catherine J. Donnelly 3840 Lindell Blvd.</u>					

WRITE PLAINLY—USING UNFADEING 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

*Thomas R. Jenwik*

Signed.....

Student Embalmer

Licensed Embalmer No. 3793

P. O. Address. 3840 Lindell

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.