

No. 300
10-88
FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28973
Registrar's No. 3029

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>3029</u>		
1. PLACE OF DEATH a. COUNTY St. Louis <u>4003</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis				
b. CITY OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 6 Days		c. CITY OR TOWN Webster Groves <u>4581</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION White Oaks Nursing Home				d. STREET ADDRESS (If rural, give location) 424 Yorkshire Pl.				
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) _____ c. (Last) DONNELL			4. DATE OF DEATH (Month) (Day) (Year) 8 31 1951					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-11-1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres. Retired		10b. KIND OF BUSINESS OR INDUSTRY Ass. Ind. Of Mo.		11. BIRTHPLACE (State or foreign country) Signourney Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Robert L Donnell			13b. MOTHER'S MAIDEN NAME Arcelia Merriam		14. NAME OF HUSBAND OR WIFE Bess Donnell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-10-2247-A		17. INFORMANT'S SIGNATURE OR NAME Bess Donnell ADDRESS 424 Yorkshire				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart exhaustion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Senility 4200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 8 hrs 10 yrs 10 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____				
22. I hereby certify that I attended the deceased from <u>Aug 25</u> , 1951, to <u>Aug 31</u> , 1951, that I last saw the deceased alive on <u>Aug 30</u> , 1951, and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE James M. Parker (Degree or title) _____				23b. ADDRESS 4500 W Pine St. St. Louis		23c. DATE SIGNED 9-1-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-4-1951	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) and (State) Kirkwood Mo.			
DATE REC'D BY LOCAL REG. 9-1-51		REGISTRAR'S SIGNATURE Robert R. Bomke		25. FUNERAL DIRECTOR'S SIGNATURE M. D. Parker - Aldrich		ADDRESS 7 Home, Webster Groves Mo		

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie Welch*.....

Licensed Embalmer No. *4395*.....

P. O. Address *Robert Gross*.....

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.