

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4809

State File No. ....

5. No. 300  
v. 10. 48

FILED MAR 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1244 PRIMARY REG. DIST. NO. 4237 Registrar's No. 1

4904

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

1. PLACE OF DEATH a. COUNTY <u>IRON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ARCADIA</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		<u>11607</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GLEN AYRE MANOR</u>			d. STREET ADDRESS (If rural, give location) <u>409 BUCKINGHAM Drive</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>EMERSON</u>	c. (Last) <u>DONNELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 20, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 18, 1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Days <u>—</u> Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DENTIST (vehveca)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>FARMINGTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES G. DONNELL</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE HILL</u>	14. NAME OF <del>HUSBAND</del> OR WIFE <u>NELL A. DONNELL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WINSTON E. DONNELL, 409 BUCKINGHAM DR. WEBSTER GROVES, MO.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</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.			II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis, cerebral</u>			DUE TO (c) <u>Chronic hypertrophic arthritis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Min.)		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>August, 1951</u> , to <u>Feb. 20, 1952</u> , that I last saw the deceased alive on <u>Nov. 23, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Bruce Bull, M.D.</u>			23b. ADDRESS <u>9ronton, Mo.</u>		23c. DATE SIGNED <u>2-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 4 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Sajim, Jr.</u>	ADDRESS <u>Fredericktown, Mo.</u>	

**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

*William B. O'Connor*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3975*

P. O. Address

*Fredericktown Md*

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.