

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11498

REG. #100, 011

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 7091. PLACE OF DEATH
a. COUNTY ST. LOUIS
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOUISb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO. c. LENGTH OF STAY (In this place) 5 DAYS c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2269d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL d. STREET ADDRESS (If rural, give location) 2813a NORTH BLAIR 13. NAME OF DECEASED a. (First) JOHN b. (Middle) J. c. (Last) O'DONNELL 4. DATE OF DEATH (Month) (Day) (Year) MARCH 16, 19525. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 7-2-97 9. AGE (In years last birthday) 54 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) ELECTRICIAN 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA13a. FATHER'S NAME JOSEPH O'DONNELL 13b. MOTHER'S MAIDEN NAME ANNIE POWERS 14. NAME OF HUSBAND OR WIFE VERNA O'DONNELL15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I 16. SOCIAL SECURITY NO. 492075201 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)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LUNG ABSCESS, LEFT INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, 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: NONE 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) VA 2 P 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 3-11-52 to 3-16-52, ~~that I last saw the deceased~~ at 10:10 a.m., from the causes and on the date stated above.23a. SIGNATURE J. T. KAMINSKAAS (Degree or title) M.D.:O 23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO 23c. DATE SIGNED 3-16-5224a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 20, 1952 24c. NAME OF CEMETERY OR CREMATORY NATIONAL 24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.DATE REC'D BY LOCAL REG. 3-17-52 REGISTRAR'S SIGNATURE Herbert R. Donke MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U&L COMPANY, St. Louis, Mo.

SW (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer, No. 2679

P. O. Address 7874 S. Broadway

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.