

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36720**
Registrar's No. **9102**

DECEASED **OCT 21 1952**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 10-days		d. STREET ADDRESS (If rural, give location) 5345a Labadie	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) J. c. (Last) O'Donnell			4. DATE OF DEATH (Month) (Day) (Year) 9-30-52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9-4-76		9. AGE (In years last birthday) 76		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	

13a. FATHER'S NAME John O'Donnell		13b. MOTHER'S MAIDEN NAME Ann O'Donnell		14. NAME OF HUSBAND OR WIFE Minnie Tuke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) no		16. SOCIAL SECURITY NO. 488-05-9314		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie O'Donnell	
				ADDRESS 5345a Labadie Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) myocardial infarction		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH	
ANNEXED CAUSES 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 Urinary Extravasation		7da.	

19a. DATE OF OPERATION 20 Sept 52		19b. MAJOR FINDINGS OF OPERATION Urinary Extravasation		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.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) E9040 (Mo.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 17 Sept 52		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Rupture of nail at home	

22. I hereby certify that I attended the deceased from **9-19-52**, 19__ to **9-30-52**, 19__, that I last saw the deceased alive on **9-30-52**, 19__, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John T. Byrne, MD		(Degrees or title)		23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 3, 1952	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			

DATE REC'D BY LOCAL REG. OCT 1 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnell	
				ADDRESS 3840 Lindell Blvd.	

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. 2825

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.