

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7487**
1203

FILED FEB 25 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

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

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. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 2-yrs.		d. STREET ADDRESS (If rural, give location) 5510 Rosa Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If at hospital or institution, give street address or location) 4305 Maryland Ave. Bernard Nursing Home			
3. NAME OF DECEASED (Type or Print) Catherine		a. (First) Catherine	b. (Middle) Donnelly
c. (Last) Donnelly		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1953	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Dec. 14, 1885
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 1 Days 17	IF UNDER 1 YEAR Months 1 Days 17	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Patrick Flood		13b. MOTHER'S MAIDEN NAME Bridget Clark	14. NAME OF HUSBAND OR WIFE Henry N. Donnelly
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Edward Donnelly, 1940 Nottingham Ave.	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis generalised.		INTERVAL BETWEEN ONSET AND 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		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4500	
22. I hereby certify that I attended the deceased from Apr 30 , 19 51 , to Feb 1 , 19 53 , that I last saw the deceased alive on Jan 31 , 19 53 , and that death occurred at 11:30 am , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John G. McJorney M.D.		23b. ADDRESS 5014 Thekla Av	23c. DATE SIGNED 2/2/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 2 1953	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.	

7-11/68

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
City of St. Louis } ss.

State File No. 7487
Local Registrar's No. 1203

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of February, 1953, before me appears.....

Arthur J. Donnelly, Undtk., who, upon his oath, states that the original record of ~~BOOK~~ death

for Catherine Donnelly, died ~~born~~ Feb. 1, 1953, in the State of Missouri, and which was filed at St. Louis, Mo. on Feb. 2-, 1953, should be corrected as follows:

Item No. 8 should read Dec. 14-1885

Instead of Dec. 14-1880

Item No. 9 should read 67 Years

Instead of 72 yrs.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Arthur J. Donnelly Undtk.
M Relationship.

3840 Lindell Blvd. St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 10th day of February, 1953

My Commission expires 2-4-53 Ellis Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

3276 7261

