

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

35310

State File No.

1003

9168

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.	c. LENGTH OF STAY (In this place) 2 DAYS	c. CITY OR TOWN ST. LOUIS, MO.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. ANTHONY'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 2227 A CHIPPEWA	
3. NAME OF DECEASED (Type or Print) a. (First) PATRICIA	b. (Middle) F.	c. (Last) DONNELLY	4. DATE OF DEATH (Month) (Day) (Year) October 7, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH March 12, 1952
9. AGE (In years last birthday) 2	IF UNDER 1 YEAR: Months 6 Days 25	IF UNDER 14 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME NORMAN DONNELLY	13b. MOTHER'S MAIDEN NAME ALVERDA MEYER	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Norman Donnelly, 2227a Chippewa, St. Louis, Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage ANTECEDENT CAUSES Subdural Hemorrhage <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> suffered in fall down steps at home, about 15 pm, on October 5 1954 II. OTHER SIGNIFICANT CONDITIONS Accident <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SIGNATURE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, etc., or on highway) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 5 54 12p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 000 E 904.0

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:10p** m., from the causes and on the date stated above. **21**

23. SIGNATURE Patrick P. Taylor Coronator	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 109.54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-11-1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. OCT 9 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN FUNERAL HOME, INC.	ADDRESS 2501 Lafayette, St. Louis 4, Missouri
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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.....
Signature of Student Embalmer

Signed *H. Y. Ferris*.....

Licensed Embalmer No. *33*.....

P. O. Address *At Law*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.