

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13628**  
**3490**

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Illinois</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY OR TOWN <b>E. St Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>29d.</b>		e. STREET ADDRESS (If rural, give location) <b>1384 N 38th. St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) _____	c. (Last) <b>McDonnell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 19 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-8-1884</b>
9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steam Fitter</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John McDonnell</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Richardson</b>	14. NAME OF HUSBAND OR WIFE <b>Alma Coleman</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles McDonnell</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <b>E. St Louis</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>76 wks.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Esophagus.</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Antero-adevatic heart disease.</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) <b>Resected -&gt; postoperative</b>		
		DUE TO (c) <b>infection: mediastinum</b>		

19a. DATE OF OPERATION <b>4-6-55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of mid. esophagus.</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>150X</b>

22. I hereby certify that I attended the deceased from **Mar. 26, 1955**, to **April 19, 1955**, that I last saw the deceased alive on **April 18, 1955**, and that death occurred at **3:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles A. Nigh M.D.</b>	23b. ADDRESS <b>1325 S. Grand. St Louis</b>	23c. DATE SIGNED <b>4-19-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-19-55</b>	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) <b>E. St. Louis Ill</b>		

DATE REC'D BY LOCAL REG. <b>APR 19 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Collins</b>	ADDRESS <b>E. St Louis</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Frank Proff*

Licensed Embalmer No.....*43*

P. O. Address.....  
*St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.