

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008163

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKWOOD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. JOHN'S</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSP.</u>		Length of stay in lb <u>4 DAYS</u>		d. STREET ADDRESS <u>8855 KATHLYN</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>LAWRENCE</u> Middle <u>J.</u> Last <u>O'DONNELL</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>30</u> Year <u>1958</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11-19-37</u>		
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHEET METAL WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHEET METAL</u>		
11. BIRTHPLACE (City and state or country) <u>ST. LOUIS Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>WILLIAM J. O'DONNELL</u>				14. MOTHER'S MAIDEN NAME <u>MARIE KREKELER</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-38-2757</u>		17. INFORMANT Address <u>WM. J. O'DONNELL 8855 KATHLYN</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PERITONEAL CARCINOMATOSIS</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 MO</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) <u>158X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>JAN 27, 1958</u> to <u>JAN 30, 1958</u> and last saw ^{her} _{him} alive on <u>JAN 30, 1958</u> . Death occurred at <u>7:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Lloyd A. Polub, M.D.</u> (Degree or title)				22b. ADDRESS <u>109 N Taylor Ave Kirkwood 22, Mo</u>		22c. DATE SIGNED <u>JAN 31, 1958</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>REMOVAL</u>		<u>2-3-58</u>		<u>CALVARY CEM.</u>		<u>ST. LOUIS, Mo.</u>		
24. FUNERAL DIRECTOR <u>ORTMANN F. HOME</u>			ADDRESS <u>9222 LACKLAND</u>		25. DATE RECD. BY LOCAL REG. <u>2/1/58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Director, coroner, etc. must use only standard form. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

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 *R. C. Optman*

Licensed Embalmer No. 34

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.