

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 10 1960

60-009261

NDED

Registration District No. 517 Primary Registration District No. 547 Registrar's No. 534 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		c. CITY OR TOWN St. Louis	
Length of stay in 1b DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 4173A Humphrey St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) EDWARD J. McDONNELL			4. DATE OF DEATH Month February Day 16 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/8/88	9. AGE (last birthday) 71 yrs.	IF UNDER 1 YEAR Months 6 Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Plumber		10b. KIND OF BUSINESS OR INDUSTRY own business	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Patrick J. McDonnell		13b. MOTHER'S MAIDEN NAME Anna Galliger		14. NAME OF HUSBAND OR WIFE Gertrude Eason McDonnell	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	SOCIAL SECURITY NO. 492-056220	17. INFORMANT Gertrude McDohnnell - 4173A Humphrey St.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 15 minutes
IMMEDIATE CAUSE (a) Myocardial Infarction		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c) 4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 St. Louis, Mo.	COUNTY Mo.	STATE
21. I attended the deceased from 2/13/60 to 2/16/60 and last saw ^{her} him alive on 2/15/60 Death occurred at 4 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Resurrection (Degree or title)	22b. ADDRESS 8059 Watson Rd.	22c. DATE SIGNED 2/16/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/19/60	23c. NAME OF CEMETERY-OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri		

24. FUNERAL DIRECTOR Gebken Sons - 2630 Gravois Ave.	25. DATE RECD. BY LOCAL REG. 2-17-60	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert J. Siskin

Licensed Embalmer No. 4144
P.O. Address 7630 Ave

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.