SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6830 — 61-027182 STATE FILE NUMBER

AMENDED

FILED AUG 3 1961

DATE AMENDED 49

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MO BAPTIST HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4703 GREER — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle J Last O'DONNELL
4. DATE OF DEATH: Month JULY Day 21 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/2/1874
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: SALESMAN
11. BIRTHPLACE (City and state or country): IRELAND
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: THOMAS O'DONNELL
13b. MOTHER'S MAIDEN NAME: JOHANNA O'DONNELL
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MILDRED DUFNER Address: 4703 GREER

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Atelectasis, rt. lung — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
DUE TO (b) Mucous Plug in Tracheo Bronchial bifurcation
DUE TO (c) 922.0 — 18
Conditions if any which gave rise to above cause (a) stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypernephroma, left kidney; Carcinoma of Prostate.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Coughed up mucus from lung, which then became lodged in the tracheo bronchial bifurcation
20c. TIME OF INJURY? Hour a.m. p.m. Month, Day, Year: 7 18 61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: St. Louis COUNTY: STATE: Mo

21. I attended the deceased from May 20 1961, to July 21 1961 and last saw him alive on July 20 1961
Death occurred at 10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph D. Triggs, M.D.
22b. ADDRESS: 7165 Delmar
22c. DATE SIGNED: 7/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7/24/1961
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.
24. FUNERAL DIRECTOR: J L ZIEGENHEIN & SONS ADDRESS: 7027 GRAVOIS
25. DATE RECD. BY LOCAL REG.: JUL 23 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Donald Bing

Licensed Embalmer No. 4863

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.