

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38228

File No. _____
Registered No. 9867
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 91
Township _____ Primary Registration District No. 003
City St. Louis (No. 2209, Hebert St. _____ Ward _____)

2. FULL NAME

Mary Donohue
(a) Residence. No. 2209 Hebert St. 20 Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 3rd 1855

7. AGE 76 YEARS MONTHS 1 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) housekeeper
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER Patrick Donohue

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Catherine Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Sister Jeanne
(Address) 2209 Hebert St

15. FILED NOV 16 1933 J. Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 15th 1933

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933, to Nov 15, 1933. that I last saw her alive on Nov 14, 1933, and that death occurred, on the date stated above, at 8:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107th 73rd Bronchopneumonia
(duration) _____ yrs _____ mos. ? ds.
CONTRIBUTORY (SECONDARY) Acute Myocarditis
(duration) _____ yrs _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS Clinical Examination
(Signed) Arthur A. Shekache, M. D.
Nov. 15, 1933 (Address) 1525 a Cass Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Absecon DATE OF BURIAL 11-16 1933

20. UNDERTAKER Arthur J. Donnell, Jr. Co ADDRESS 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 3 1933

15

