

1 1939

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

REC'D SEP 7 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30176

State File No. _____

Registration District No. 7824

Primary Registration District No. 106

Registrar's No. 1556

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town Kirkwood, Mo.

(c) Name of hospital or institution: 342 W. Madison

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood, Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. 342 W. Madison

(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Ellen Donahue 577

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 27th - 1864

(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 4

If less than one day _____ hr. _____ min.

9. Birthplace _____ - Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Donahue

18. Birthplace Ireland

(City, town, or county) (State or foreign country)

14. Maiden name Mary Daley

15. Birthplace Ireland

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Susan L. Donahue

(b) Address 342 W. Madison, Kirkwood, Mo

17. (a) Burial (b) Date thereof 9-4-39

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director James H. Gapp

(b) Address 131 W. Argonne, Kirkwood, Mo

19. (a) SEP - 1 1939 (b) [Signature]

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31

year 1939 hour 11:15 PM minute _____

21. I hereby certify that I attended the deceased from June 5th

_____ 1938, to August 21 1939

that I last saw her alive on August 26 1939

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Aortic Aneurysm

Duration Several

Due to Chronic Myocardial Disease 7 year

Due to _____

Other conditions Secondary hypertension

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations 93 C

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 9-1-39

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.....

Julius M Meyer
....., Registered Apprentice No.
working under my personal supervision.

Signed

Julius M Meyer
.....

Licensed Embalmer No. *13288*

P. O. Address, *Hollywood, Ill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.