

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

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Lemay
(c) Name of hospital or institution: Mt. St. Rose Hos.
(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 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5223 Robin Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Isabelle Donaldson 543
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Donald Donaldson 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May 31 1914
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 2 ~~1939~~
year 1939 hour 4:15 pm minute _____ M.
21. I hereby certify that I attended the deceased from July 1, 1939
to August 2, 1939
that I last saw her alive on August 2, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 25 Months 2 Days 2 If (less than one day) _____ hr. _____ min.
9. Birthplace Battle Creek Mich.
(City, town, or county) (State or foreign country)

Immediate cause of death
Subsultaneous Laryngitis & Tracheitis
as advanced, bilateral pulm etc
C cavulation
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife
11. Industry or business _____
12. Name Nicholas Schauer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ether Martin
(City, town, or county) (State or foreign country)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: 23
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Donald Donaldson
(b) Address 5223 Robin Ave.
17. (a) Burial (b) Date thereof Aug. 5 '39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Joseph Bromschiurg
4746 W Florissant Ave.
(b) Address
19. (a) AUG 4 1939 (b) J R Meyer
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature Bernard E. Bauman (M. D. or other) _____
Address 9101 So Broadway Date signed 8-2-39

SEP 3 1949

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ray W. Wilkinson
Licensed Embalmer No. 3575
P. O. Address.....

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.