

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 156

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch (Rural)
(c) Name of hospital or institution: Robert Koch Hospital
(d) Length of stay: In hospital or institution 12 mo 2 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 1940 Semple
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Irene Donlon

8. (b) If veteran, name war _____ 8. (c) Social Security No. 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 January 30, 1915

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>11</u>	<u>20</u>	hr. _____ min.

9. Birthplace St. Louis, Mo.

10. Usual occupation Housework

11. Industry or business Home

12. Name James Donlon

13. Birthplace Halway, Ireland

14. Maiden name Margaret Malloy

15. Birthplace Halway, Ireland

16. (a) Informant's own signature Herbert S. Miller

17. (a) Burial (b) Date thereof Jan 23, 1940

18. (a) Signature of funeral director Chas. R. Stuart

19. (a) Signature of registrar Herbert S. Miller

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1940 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 1, 1939 to Jan 20, 1940
that I last saw him alive on Jan 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 7 years

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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

23. Signature Herbert S. Miller (M. D. no)
Address Koch, Mo. Date signed 1-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

FILED FEB 7

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.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address.....

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