

E15725

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

12 1940

MISSOURI STATE BOARD OF HEALTH

## STANDARD CERTIFICATE OF DEATH

State File No.

4750

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1580

## 1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital, #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Isabelle Donohue

8. (b) If veteran, name war nil 8. (c) Social Security No. nil

4. Sex Female 5. Color of race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 1 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months - Days 15 If less than one day hr. min.

9. Birthplace Ill. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

18. Birthplace German  
(City, town, or county) (State or foreign country)

14. Maiden name Freda King

15. Birthplace German  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph A Donohue

(b) Address #22 - Blaine Ave

17. (a) Burial (b) Date thereof 17 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director W. Miller

(b) Address 4227 Lindell Blvd

19. (a) FEB 16 1940 (b) Registrar's signature J. F. Budick  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4413 Rosseth Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15,  
 year 1940 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from February 11, 1940 to February 15, 1940 that I last saw her alive on February 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Femoral Hernia - strangulated  
 Due to above

Due to above

Other conditions above  
(Include pregnancy within 3 months of death)

Major findings: above  
 Of operations above

Of autopsy above

## 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? above (Specify type of place) (e) Means of injury above

23. Signature M. A. Casberg (M.D. or other) M.D.  
 Address 1515 Lafayette Date signed 2/15/40

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

MOTHER FATHER

**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 Howard H. Rowland

Licensed Embalmer No. 3114

P. O. Address 27 Harris St

**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.**