

1940
Registration District No. 784

Primary Registration District No. 270

Registrar's No. 2164

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
76
MED DEC

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2519 Hood Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Overland,
(If outside city or town limits, write "RURAL")
(d) Street No. 2519 Hood Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary E. Donovan,

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William H. Donovan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 17, 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 29 hr. _____ min.

9. Birthplace Fulton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Cain

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mulligan

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

16. (a) Informant Miss. Essie Donovan

(b) Address 2519 Hood Ave.,

17. (a) Burial (b) Date thereof Nov. 18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.,

19. (a) NOV 15 1940 (b) J. R. Meyers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 15
year 1940 hour 1.05 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1930 to Nov 15 1940
that I last saw him BE alive on Nov 15 15
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Renal
Insuffici.
Due to Coronary Arteriosclerosis
+ Coronary Sclerosis
Due to _____

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Nov 18 1940
(c) Where did injury occur Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place)
Means of injury _____

23. Signature James P. Kelly (M. D. or other) _____
Address 6125 B. ... Date signed 11/15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. P. Reilly

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.....



Licensed Embalmer No. 3225

P. O. Address. 1125 Hodiament Ave.,

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.