No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9

MISSOURI STATE BOARD OF HEALTH

1941 STANDARD CERTIFICATE OF DEATH

State File No. 15818

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 919

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 217 W. Vida
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 217 W. Vida
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Mae Donnelly

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: married

6. (b) Name of husband or wife: John Donnelly

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

7. Birth date of deceased: June (Month) 28 (Day) 1893 (Year)

8. AGE: Years 47 Months 10 Days - If less than one day hr. min.

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

10. Usual occupation: Matron

11. Industry or business: Union Station

FATHER
12. Name: Edward Warnich
13. Birthplace: (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Burmingham
15. Birthplace: (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Julia Burmingham
(b) Address: 217 Vida

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Lawn

18. (a) Signature of funeral director: Fendler Und. Co.
(b) Address: 7420 Michigan Ave.

19. (a) MAY 1 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from April 7, 1941, to April 28, 1941; that I last saw her alive on April 28, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Uterus	6 mos
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — 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?
While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: Owen J. Gannon (M. D. or other) 1 Wd
Address: 7606 [illegible] Date signed: 4/30

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 6 1941

JUL 15 1947

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 Oliver E. Fendley

Licensed Embalmer No. 4148

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.