

Registration District No. 789

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DePaul Hospital  
(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)

3. (a) PRINT FULL NAME Catherine L. 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 Married  
6. (b) Name of husband or wife Joseph D. Donovan 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Nov. 8, 1870.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 4 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name James Brennan

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

14. Maiden name Mary Fay

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

16. (a) Informant Joseph D. Donovan

(b) Address 6000 Lucille Ave.,

17. (a) Burial (b) Date thereof Mar. 16/42.  
(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) MAR 14 1942 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6000 Lucille Ave.,  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1942 hour 12.25 minute P.M. M.

21. I hereby certify that I attended the deceased from 3/12 1942, to 3/13 1942.  
that I last saw her alive on 3/13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration  
Myocardial degeneration  
Due to Cardiovascular Renal  
disease.

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.....

23. Signature John Ferrara M.D. (M. D. or other) D  
Address 3704 Sherrill Ave Date signed 3/13/42.

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

20  
17  
9

DR. John P. Ferrara  
4743 Nat. Bridge Road  
1-3 or 7-8 P.M.  
EV. 7793.

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**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, fact should be so stated above.**