S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38653

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10251

1. PLACE OF DEATH:

(a) County

(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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County

(c) City or town St. Louis. 9 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3208 South Grand Blvd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0.

3. (a) PRINT FULL NAME Ethel Donohue

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 Loseph J. Donohue

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 6th (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	5	2	hr. min.

9. Birthplace Richmond (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation House-work

11. Industry or business At Home

FATHER
12. Name Martin Dodd
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Ann Rogers
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Joseph J. Donohue
(b) Address 3208 South Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Cincinnati Ohio

18. (a) Signature of funeral director Wm J. Robert
(b) Address DEC 8 1942 1905 South Grand Blvd.

19. (a) DEC 8 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th year 1942 hour 9:50 minute A.M.

21. I hereby certify that I attended the deceased from 6-30-42, 19..., to 12-8-42, 19...; that I last saw her alive on 12-8-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized carcinomatosis	
Due to	
Due to 55	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] M.D. or other M.D.
Address 4930 Lindell, St. Louis Date signed 12-8-42

(Licensed Embalmer's Statement on Reverse Side)

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 John Kettler

Licensed Embalmer No. 3880

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, fact should be so stated above.