S. No. 2
M—5-42
r. 5-17-38

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26590

State File No.

FILED AUG 18 1943

Registration District No. 218 Primary Registration District No. 1002 Registrar's No. 3442

385

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

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: 4505 Washington Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4505 Washington Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie Donoghue
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 16th 1894 (Month) (Day) (Year)
8. AGE: Years 49 Months 6 Days 21 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Michael Donoghue
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Clifford
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ursula Donoghue
(b) Address 6210 Dardanella Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave
19. (a) AUG 7 1943 (Date received by local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th year 1943 hour 2:45 minute a M.

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

Immediate cause of death Subpuerpural Sclerosis of Liver Cirrhosis, Cardiac Hypertrophy, Weak heart being upset on Friday when she left the Sanitarium and went with the girl to Gaspinard's and died while they were driving her home at 4505 a Washington Blvd around 2:40 AM Aug 6 1943 Duration

Other conditions (Include pregnancy within 3 months of death)

Or Natural Causes Corned not determined

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) Open Verdict
(b) Date of occurrence Aug 6 1943
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Indefinite

23. Signature Thomas F. Collins (M. D. or other)
Address Deputy Coroner Date signed 8-7-43

(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 L. H. Stroot

Licensed Embalmer No. #2265

P. O. Address 4600 Natural Bridge

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.