

Registration District No. **318**

Primary Registration District No. **1003**

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 days**
(Specify whether
 In this community **13 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis,** **17**
(If outside city or town limits, write "RURAL") **9 21**
 (d) Street No. **3138 Evans**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Matthew Donegan**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color **Col** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **Sept 8 1884**
(Month) (Day) (Year)

8. AGE: Years **58** Months **11** Days **28** If less than one day _____
hr. min.

9. Birthplace **Miss 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ely Donegan**
 { 13. Birthplace **Ala 1**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Nancy Simmons**
 { 15. Birthplace **Ala. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Willie Donegan**

(b) Address **2913 E. Bebel**

17. (a) Burial (b) Date thereof **Sept 11 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem**

18. (a) Signature of funeral director **F. A. Green**

(b) Address **2915 Franklin ave**

19. (a) **SEP 9 1943** (b) **J. J. Bredin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September 5,**
 year **1943** hour **12** minute **45 P.** M.
 21. I hereby certify that I attended the deceased from **August 30,**
 19 **43** to **September 5,** 19 **43**
 that I last saw him alive on **September 5,** 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Prob. Ca. of Stomach** Duration **Unk.**

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)
 _____ (c) Means of injury _____

23. Signature **J. S. Bonds** (M. D. or D.O.)
 Address **3601 Whittier** Date signed **9/7/43**

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

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.....
J. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.