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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12722

FILED APR 20 1944

318

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

3291

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:
St. John's 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶₅

(c) City or town Maplewood ^{31R}
(If outside city or town limits, write "RURAL")

(d) Street No. 2101 Yale Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DONELON, MICHAEL S.

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

20. DATE OF DEATH: Month April day 7
year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-30, 1944 to 4-7, 1944,
that I last saw him alive on 4-6, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race Wh 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mary M. Donelon 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased December 24, 1903
(Month) (Day) (Year)

Immediate cause of death
Hypertensive Cardio Vascul
Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 40 Months 3 Days 13 If less than one day _____ hr. _____ min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Galway Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Supervisor

11. Industry or business Public Service Co.

12. Name Patrick Donelon

13. Birthplace Galway Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Shields

15. Birthplace Galway Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary M. Donelon (wife)

(b) Address 2101 Yale Avenue

17. (a) Burial (b) Date thereof April 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Michael J. Croghan, Sr.

(b) Address 7146 Manchester Ave.

19. (a) APR 10 1944 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Date signed 3-8-44

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.....

Albert G. Hopper

Licensed Embalmer No..... *2971*

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.